



# Welcome

Keyword Animal Clinic, LLC

Suzanne S. Robinson, DVM

Mandy Britt, DVM

## Registration:

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

In case of Emergency Please Call: \_\_\_\_\_

Reason for Visit today: \_\_\_\_\_

\_\_\_\_\_

## Pet Health History:

Pet's Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Sex:  Male  Neutered  Female  Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Wt: \_\_\_\_\_ #

Vaccination history (date & type of vaccine): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

## Authorization:

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment:  Cash  Check  Visa/Mastercard

