WELCOME!

Thank you for giving St Georges Veterinary Hospital the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely, and please **PRINT**. Thank you.

REGISTRATION

Owner	Spouse's Name
Street Address	
City	State Zip Code
	Work Phone ()ext
Social Security #D	Oriver's License #
	ave Pets Here Other
Current Place of Employment	
Want to receive E-mail reminders for your	pet? Email address:
PET HEALTH HISTORY	
Pet's Name	Date of Birth
Breed	Color
Sex □ Altered □ Spaye	ed Where was pet obtained
Reason for visit	Known allergies
Vaccine History (Please fill in th	ne most recent date each vaccine was GIVEN)
DOGS – Rabies Vaccine	Distemper Vaccine
Heartworm Test	Bordetella Vaccine
CATS - Rabies Vaccine	FVRCP Vaccine
Feline AIDS/Feline Leukemia Test F	Performed? □ No □ Yes Result
<u>AUTHORIZATION</u>	
examine, prescribe for, and/or treat the any and all charges incurred in the THESE CHARGES WILL BE PAID AT TAND THAT A DEPOSIT IS REPOSITALIZATION. A billing fee and unpaid after 30 days. The finance charges	rians and staff of St. Georges Veterinary Hospital to the above described pet. I assume responsibility for care of this animal. I ALSO UNDERSTAND THAT THE TIME OF SERVICES RENDERED, OR RELEASE, REQUIRED FOR SURGICAL TREATMENT OR and finance charge will be applied to all accounts that ge is computed by a periodic rate of 1.50% per ser rate of 18.00%, with a minimum charge of \$1.00.
Signature of Owner	Date