



# Welcome

**Vet + Pet**  
Kent L. Correll, DVM  
817-349-0354  
VetPlusPetMobile.com

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take time to fill in this form completely. No information will ever be disclosed to outside parties about you or your pet without your consent. Thank You.

## PLEASE PRINT

### REGISTRATION

Owner's Title: Miss Mrs. Ms. Mr. Dr. Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you learn of our clinic? Recommendation By whom? \_\_\_\_\_ Website Social Media Other

### PET HEALTH HISTORY

Name of pet #1 \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Male Neutered Female Spayed Currently on Heartworm prevention? Type \_\_\_\_\_

Currently on flea control? Type \_\_\_\_\_ What is your pet being fed? Brand & Type \_\_\_\_\_

Name of pet #2 \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Male Neutered Female Spayed Currently on Heartworm prevention? Type \_\_\_\_\_

Currently on flea control? Type \_\_\_\_\_ What is your pet being fed? Brand & Type \_\_\_\_\_

Name of pet #3 \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Male Neutered Female Spayed Currently on Heartworm prevention? Type \_\_\_\_\_

Currently on flea control? Type \_\_\_\_\_ What is your pet being fed? Brand & Type \_\_\_\_\_

May we request records from your previous Veterinarian? Yes No Name of Veterinarian/Hospital \_\_\_\_\_

May we use pictures of you and/or your pets on our website/social media? Yes No

### 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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Please like us on Facebook 

Method of payment today Cash MasterCard VISA Discover AMEX