

WELCOME TO HAZEL RIDGE VETERINARY CLINIC



Last Name _____ First Name _____ Middle Initial _____ Spouse's First Name _____

Address Number _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Driver's License # _____ Social Security # _____

Employer _____ Occupation _____ Wk. Phone _____

Spouse's Employer _____ Occupation _____ Wk. Phone _____

PLEASE TELL US HOW YOU HEARD OF OUR CLINIC _____

PATIENT INFORMATION:

Pet's Name _____

Pet's Name _____

Species _____ Breed _____

Species _____ Breed _____

DOB _____ Color _____

DOB _____ Color _____

Weight _____ Sex _____ Spay/Neut? _____

Weight _____ Sex _____ Spay/Neut? _____

CANINE

FELINE

CANINE

FELINE

DATE OF VACCINATIONS:

DATE OF VACCINATIONS:

DHPP _____ FVRCP _____

DHPP _____ FVRCP _____

Rabies _____ Rabies _____

Rabies _____ Rabies _____

Other _____ Leukemia _____

Other _____ Leukemia _____

DATE OF LAB TESTS:

DATE OF LAB TESTS:

Heartworm _____ FeLV/FIV _____

Heartworm _____ FeLV/FIV _____

Fecal _____ Fecal _____

Fecal _____ Fecal _____

I authorize the veterinarians at Hazel Ridge Veterinary Clinic and their staff to provide any examinations or treatment as deemed necessary. I understand that I am responsible to pay for all fees as rendered at the time of service.

Signature of Owner _____ Date _____

Signature of person presenting this pet for treatment if other than owner _____

Address of non-owner _____ Phone _____

Relationship to owner _____