



DICKSON VETERINARY CLINIC REGISTRATION FORM

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Email: _____

How did you hear about us? _____

Previous Veterinarian: _____

May we contact them to obtain your pet's records? YES NO

Pet Information

Pet #1: Dog or Cat (please circle)

Name: _____ MALE FEMALE

Breed: _____ Birthdate or Age: _____

Is your pet spayed or neutered? YES NO Is your pet microchipped? YES NO

On Heartworm Prevention? YES NO On flea/tick prevention? YES NO

Known allergies: _____

Current medications: _____

Pet #2: Dog or Cat (please circle)

Name: _____ **MALE FEMALE**

Breed: _____ **Birthdate or Age:** _____

Is your pet spayed or neutered? YES NO **Is your pet microchipped?** YES NO

On Heartworm Prevention? YES NO **On flea/tick prevention?** YES NO

Known allergies: _____

Current medications: _____

Pet #3: Dog or Cat (please circle)

Name: _____ **MALE FEMALE**

Breed: _____ **Birthdate or Age:** _____

Is your pet spayed or neutered? YES NO **Is your pet microchipped?** YES NO

On Heartworm Prevention? YES NO **On flea/tick prevention?** YES NO

Known allergies: _____

Current medications: _____

PAYMENT IS DUE AT TIME SERVICES ARE RENDERED, WE DO NOT BILL

**Accepted forms of payment are cash, Care Credit, Visa, Mastercard,
Discover, and American Express.**

I, the undersigned owner or authorized agent of the above admitted patient(s), hereby authorize the doctors of Dickson Veterinary Clinic to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. In the event of some medical procedures and care a deposit prior to treatment may be required.

Owner Signature: _____ **Date:** _____