

# Welcome to Quivira Crossing Veterinary Clinic

Thank you for entrusting us with the care of your pet!

## Registration

NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## Pet Information

	PET 1		PET 2		PET 3	
NAME						
SPECIES						
BREED						
COLOR						
BIRTH DATE/AGE						
SEX	M	F	M	F	M	F
SPAYED/NEUTERED	YES	NO	YES	NO	YES	NO
MICROCHIP ID						

## Authorization

I hereby authorize Quivira Crossing Veterinary Clinic to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_