



Preferred Appointment Frequency: _____	
Referred by: _____	Client since: _____

Owner Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Alt #: \_\_\_\_\_ Emerg. Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

Veterinarian\Clinic: \_\_\_\_\_ Vaccination Record: \_\_\_\_\_

Pet Name: _____	
Breed: _____	
Color: _____	Size: _____
Age: _____	M <input type="checkbox"/> F <input type="checkbox"/>
HEALTH	
Under Special Veterinary Care? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Arthritic	<input type="checkbox"/> Epileptic
<input type="checkbox"/> Blind	<input type="checkbox"/> Heart cond.
<input type="checkbox"/> Burns easy	<input type="checkbox"/> No flea dip
<input type="checkbox"/> Deaf	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Skin
<input type="checkbox"/> Dry low heat	<input type="checkbox"/> Other: _____
PERSONALITY	
<input type="checkbox"/> Biter	<input type="checkbox"/> Very Shy
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Wetter
	<input type="checkbox"/> Hyper

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	<input type="checkbox"/> Hyper

PLEASE READ CAREFULLY AND SIGN BELOW

In the event an emergency should occur with my pet, or in the event special services such as veterinarian services, boarding, care taking, and/or transportation or handling are required as deemed necessary by Pet Central, I agree to pay all costs.

If my pet is hurt or becomes ill, Pet Central has permission to call or take pet to a veterinarian of our choice.

Pet Central also reserves the right to refuse service to customers whose pet may pose a threat to us or to the other pets left in our care, whether it be an aggression problem, health problem, or parasite problems.

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