WELCOME

REGISTRATION
(Please Print)

OWNER INFORMATION

Owner's Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Spouse/Co-Owner:

Street Address:	Apt Number:	Home Phone ( )

City:	State:	County:	Zip Code:	Mobile Phone ( )

Email Address:	Employer:	Work Phone ( )

How did you hear about us?   ☐ Web Search   ☐ Newspaper   ☐ Doctor Referral: _____

☐ Family/Friend Referral: _____   ☐ Clinic Sign   ☐ Yellow Pages   ☐ Other: _____

Other family members seen here:

PET INFORMATION

Pet's Name:	Birth date / Age:	Species: ☐ Feline ☐ Canine	Breed:

Color:	Microchip:	Sex: ☐ Male ☐ Female	Neutered/Spayed:

Does your pet have any existing medical conditions?

Is your pet on any medication?

Please list any other pets in your household:

Name	Age/Sex	Species	Breed	Color

AUTHORIZATION

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

_____   _____

Owner / Responsible Party   *Date*

I DO or DO NOT (circle one) grant MetroWest Veterinary Clinic, its representatives and employees, the right to take photographs of me and/or my pet(s) to be used with or without my name for any lawful purpose including, for example, illustration, web content or social media posts.

Preferred Payment Method: ☐ Cash   ☐ Check   ☐ MasterCard   ☐ Discover   ☐ Visa   ☐ Care Credit