

**East Goshen**  
**Veterinary Center**  
**Complete Care**



Urgent Care Registration Form

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Co-owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cellphone \_\_\_\_\_ Home Phone \_\_\_\_\_ (circle preferred number.)

Email Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Dog ☐ Cat ☐ Sex: Male ☐ Female ☐ Neutered/spayed ☐

Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Up to date on Rabies? Yes ☐ No ☐

Previous veterinarian where past records could be obtained \_\_\_\_\_

Any medical diagnosis or medications that your pet is on \_\_\_\_\_

Veterinary practice we can send your records from today's visit to \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and 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 at the time of release and a deposit may be required for surgical treatment. Cancellations less than 24 hours prior to appointment are subject to a cancellation fee.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_