

East Goshen
Veterinary Center
Complete Care



Registration Form

Date _____

Owner's Name _____ Spouse/Co-owner Name _____

Address _____ City _____ State ____ Zip _____

Email address _____

Cellphone _____ Home Phone _____ (circle preferred number.)

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 _____

How did you hear of us? _____

For referrals, who may we thank _____

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 _____