

# WELCOME TO HOMESTEAD ANIMAL HEALTH

## Registration

Today's Date _____	
Owner's Name _____	Spouse/Other _____
Address _____ City _____ State _____ Zip _____	
Cell Phone _____	Work Phone _____ Home Phone _____
E-Mail _____	
Employer's Name _____	
When is the best time to call you? _____ Which phone number is best? _____	
In Case of Emergency, A number other than your own. _____	
Reason for Visit _____	
How did you find us? ___ Telephone ___ Mailing ___ Word of Mouth ___ Friend ___ Other	

## Pet Information

Pet's Name _____	Date of Birth ___/___/___
Type of animal ___ Dog ___ Cat ___ Other _____	
Is your pet: ___ Male ___ Neutered Male ___ Female ___ Spayed Female	
Breed _____	Color _____
Vaccination History (Date and Type of Last Vaccines) _____	
What kind of food does your pet eat _____	
<i>Please Put Information for Additional Pet on the back</i>	

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges <b>MUST BE PAID AT THE TIME OF SERVICES</b> and that a deposit may be required for any treatment.	
Signature of owner or agent _____	Date _____
We take Visa, Mastercard, American Express, Discover, Check or Cash	