



WELCOME!

Carriage Animal Clinic

244 W. Roosevelt Rd. Lombard, IL 60148 (630) 495-3623

Registration

Today's Date _____

Owner's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cel Phone _____

Driver's Licence # _____ In case of EMERGENCY, Please call _____

How did you learn about us?

Drove by _____ Yellow Pages _____ Internet _____ I was a previous client _____ Other _____

If a friend referred you, please let us know whom may we thank: _____

Pet Health History

Pet's Name _____ Date of Birth _____

Species: _____ Dog _____ Cat _____ Other: _____

Sex: _____ Male _____ Neutered _____ Female _____ Spayed

Breed _____ Color _____

Vaccination History (Date And Type of Last Vaccinations)

Rabies _____ Canine Distemper/Parvo _____ Bordetella _____ Lyme _____

Feline Distemper _____ Feline Leukemia _____ Heartworm Test _____ Fecal _____

Chronic Conditions and Medications _____

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 must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____