



Where your pet is a part of our family

J.M. PET VET REGISTRATION FORM



New Client Returning Client

Name of owner: _____ Date: _____

Address: _____ City: _____ Zip: _____

E-mail (1): _____ E-Mail (2): _____

Home phone: _____ Work phone: _____ ext. _____

Cell phone (1): _____ Cell phone (2): _____

May we contact you via text message? **Yes**__ **No**__ If so, pls list cell phone provider: _____

Emergency Contact: _____ Phone: _____

Do you have pet insurance? **Yes**__ **No**__ If so, pls list provider: _____

Pet's name: _____ Breed: _____

Sex: M ___ F ___ Spayed/Neutered: **Yes**__ **No**__ Pet's DOB: _____

How did you hear about J.M. Pet Vet? _____

Are you interested in other services that J.M. Pet Resort offers? Nutrition Consult Spa Grooming

Obedience Training Private Training Lessons PLAYtrain® Doggie Daycare Luxury Boarding Pet Taxi

MEDICAL HISTORY

Reason for visit? _____

Are your pet's vaccination's current? **Yes**__ **No**__ When were the last vaccines administered? _____

Where were vaccines administered? _____ Is your pet microchipped? **Yes**__ **No**__

Is your pet on any flea/tick prevention? **Yes**__ **No**__ If so, which kind? _____

Is your pet on any heartworm prevention? **Yes**__ **No**__ If so, which kind? _____

Is your pet allergic to any drugs? **Yes**__ **No**__ If so, pls list drugs: _____

Is your pet currently on any medications? **Yes**__ **No**__ If yes, pls list medications: _____

What is your pet's current diet and feeding schedule (including treats)? _____

Are there any current or past medical conditions of that we should be aware of? **Yes**__ **No**__ If yes, pls explain: _____

Any other relevant information that you would like to share about your pet? **Yes**__ **No**__ If so, pls list: _____

I, the undersigned hereby certify I am the owner or appointed agent and authorize treatment of the above animal. I hereby authorize the veterinarian to examine, prescribe for and treat the above described pet. If this animal should injure itself in an escape attempt, soil itself, become ill, be exposed to infectious disease or die while in the clinic, I will hold J.M. Pet Resort free of any responsibility and/or liability in connection with this treatment. I understand that J.M. Pet Resort has the irrevocable and unrestricted right to utilize or publish photographic or video images of my pet for marketing and promotional purposes, without expectation or compensation. All such images remain the sole property of J.M. Pet Resort. 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 that a deposit may be required for treatment.

By signing below, you are indicating your agreement of the terms hereof in this registration form.

Print name: _____ Owner's signature: _____