

WELCOME TO THE WINCHESTER VETERINARY GROUP

Thank you for trusting us with your pet's health.
Please take a moment to tell us about you and your pet.

OWNER INFORMATION

Owner Name 1 _____

Owner Name 2 _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other phone(s): _____

Email address: _____ Do you prefer reminders by email or postcard? _____

Emergency Contact Name and Phone Number: _____

Emergency contact should be someone other than the owner(s) of the pet

PET INFORMATION

Pet's Name: _____

Date of Birth or Approximate Age: _____ Species: Dog Cat Other (please specify) _____

Breed: _____ Sex: Male Neutered OR Female Spayed

Color and Markings: _____

Previous Veterinarian: _____

May we request previous medical records? Yes No

Pet's Current Medication (if any): _____

Any Known Allergies (food, vaccines, or medications): _____

Please indicate how you found us: Location Internet Search Our Website or Facebook Other Advertisement

Personal Recommendation/Referral – write in name: _____

AUTHORIZATION

I hereby authorize the veterinarian(s) at Winchester Veterinary Group to examine, treat, and prescribe for the above pet. I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all charges incurred in the treatment of my pet will be paid in full at the time of service and that any payment plans must be arranged in advance. I also understand that an estimate of the fees for services may be provided to me at my request, and that I am encouraged to discuss all fees for care before services are rendered.

I have read, understand, and agree with the above information.

Signature of Responsible Party: _____ Date: _____