



# REGISTRATION FORM

Compassion Veterinary Clinic 275 Boston Post Road East Marlborough, MA 01752 508-481-VETS(8387)  
Dr. G. Patil and Associates

## OWNER INFORMATION

**Primary Owner:** \_\_\_\_\_  
(Must be 18 years of age or older) (First Name) (Last Name)

**Spouse/Co-owner:** \_\_\_\_\_  
(First Name) (Last Name)

**Street Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Zip.** \_\_\_\_\_

**Are you 65 years or older?**  no  yes

**Have you brought other pets here?**  no  yes

**If no, how did you learn of our clinic?**

yellow pages  internet  sign  recommendation: \_\_\_\_\_

**Home Phone:**  
( ) \_\_\_\_\_ - \_\_\_\_\_

**Work phone:**  
( ) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:**  
( ) \_\_\_\_\_ - \_\_\_\_\_

**Other Phone:**  
( ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail:**  
\_\_\_\_\_

## PET INFORMATION

**Name:** \_\_\_\_\_

**Species:**  dog  cat  other: \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Distinguishing Marks:** \_\_\_\_\_

**Gender:**  male  female

**Is pet altered (neutered/spayed)?**  no  yes

**Birthdate (or best approximation of age):** \_\_\_\_\_

**Has pet been seen by other vets?**  no  yes: \_\_\_\_\_

**Does pet have any allergies?**  no  yes: \_\_\_\_\_

**Any physical problems?**  no  yes: \_\_\_\_\_

**Any behavioral problems?**  no  yes: \_\_\_\_\_

**Is pet on any medication?**  no  yes: \_\_\_\_\_

**Does your pet have a microchip?**  no  yes: \_\_\_\_\_

**Please describe pet's diet:**

dry food brand: \_\_\_\_\_  wet food brand: \_\_\_\_\_

other: \_\_\_\_\_

**If pet is a cat; his/her environment is or will be:**  strictly indoors  indoors & outdoors

## AUTHORIZATION

I, the owner or agent of the owner of this pet, 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, that the charges will be paid at the time of release from each visit and that a deposit may be required prior to treatment. I also understand that a quote for any services will be given on request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of payment:**  cash  credit/debit  check (driver's license #: \_\_\_\_\_ )