



811 East Main Street  
Lexington, SC 29073  
803.359.1933 (p) / 803.359.6236 (f)

## Registration

Welcome to Millcreek Animal Hospital! Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about the health of your pet. To insure the best care possible, please take the time to fill out this form completely.

### About You

Owner Name: \_\_\_\_\_

Spouse / Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

What is the best way to contact you about your pet?

Time of day \_\_\_\_\_ Best Phone Number to Use: \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list other pets in your household:

Type of Animal (Species):	Name:	Age:
1. _____	_____	_____
2. _____	_____	_____

How did you hear about us? \_\_\_\_\_

### About Your Pet

Pet Name: \_\_\_\_\_

Type of Animal (dog, cat, etc.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed

Vaccination History:

Date	Type of Vaccination
1. _____	_____
2. _____	_____
3. _____	_____

Current Medications:

1. \_\_\_\_\_  
2. \_\_\_\_\_

Describe the diet of your pet:  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume liability 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 \_\_\_\_\_ DATE \_\_\_\_\_

Choose Method of Payment:  Cash  Check  MasterCard  VISA  Other \_\_\_\_\_