



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 _____