

VetSurg & Neurology

Dr. Benoit Charette, Dr. Veronique Sammut, Dr. Dominique Paquette

Welcome to VetSurg Inc. Please complete the following registration information for you and your pet.
The following information will remain confidential.

Date: _____

Title: Mr. Mrs. Ms. Dr. Misc. (CIRCLE ONE)

Name: _____

Spouse/ Significant Other: _____

Address: _____

City / State / Zip: _____

Home Phone: (____) _____-_____ Work Phone: (____) _____-_____

Cell Phone: (____) _____-_____ Fax: (____) _____-_____

Email Address (optional): _____

Referral Source: Client/ Doctor/ Shelter/ Yellow Pages/ Previous Visit/ (circle one)

*****(Please note: Personal checks may not be accepted without this information)*****

*Driver's License No. _____ Expiration Date: _____

*Social Security No. _____

(Optional) Credit Card No. _____ Expiration Date: _____

Visa MC Discover Amex

Patient

Patient Name: _____

Species: Canine / Feline / Other: _____ (Circle One)

Breed: _____

Color: _____

Date of birth (or approx. age) _____

Sex: Male / Male Neutered / Female / Female Spayed (Circle One)

Referring Veterinarian

Reason for today's visit: _____

Veterinarian: _____

Veterinary Hospital: _____

City/ State/ Zip: _____

I hereby authorize the veterinarian to examine, prescribe, or treat the above pet. 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 discharge from the center and a deposit will be required if the animal is staying for treatment or surgery. I give my authorization for any unpaid balances to be charged to the credit card above if balance is not paid within 15 days. Please note: **This is a medical record and all of the above information is confidential.**

Owner/Responsible Party _____