

WELCOME

Tally Oaks Veterinary Service

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date: _____ Email address: _____
Owner (First & Last Name:) _____ Drivers License # _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Spouse: _____ Spouse Phone: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact Name: _____ Phone number: _____
How did you learn of our clinic: _____
Reason for visit: _____

PET HEALTH HISTORY

Name of pet: _____ Species: _____ DOB: _____
Breed: _____ Color: _____ Please Circle: F F/S M M/N
Is your pet microchipped? _____ Does your pet have any allergies? _____
Pet's current medications: _____
Describe your pet's current diet: _____
Name of pet #2: _____ Species: _____ DOB: _____
Breed: _____ Color: _____ Please Circle: F F/S M M/N
Is your pet microchipped? _____ Does your pet have any allergies? _____
Pet's current medications: _____
Describe your pet's current diet: _____

SERVICES

At Tally Oaks Veterinary Services (TOVS) we are committed to living better through "natural" chemistry and less toxins for ourselves, our pets, and our patients. If you are interested in learning more about laser therapy (used to aid in the reduction of inflammation and improve healing), essential oils (for whole pet and body support), and/or other forms of holistic medicine don't hesitate to let us know. We look forward to reducing the toxin levels in your home and in your pets lives so they can live a healthier and happier life style.

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describe pet(s.) I assume responsibility for all charges incurred in care of these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand that if I choose to make payment with a credit card, that I will be charged an additional 3.5% of my total bill to cover credit card fees. I also understand there will be a \$50 charge for no show appointments.

Signature of Owner: _____ Date: _____