



TROY ANIMAL CLINIC

1209 S. Brundidge St
Troy, AL 36081
(334) 566-3356

****REGISTRATION****

First Name: _____ Last Name: _____ Date: _____
Spouse/Co-owner: First Name _____ Last Name _____
Address: _____ City _____ ST _____ Zip _____
County _____ Email: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____ Spouse/Co-owner: Cell Phone _____
Date of Birth: _____ Driver's License # _____
Occupation: _____ Employer: _____
Name of anyone else who can pick up your pet _____

****PET INFORMATION****

Name of Pet: _____ Species: _____ Breed: _____
Sex: _____ Age: _____ Spayed/Neutered: Yes or No
Reason for visit: _____
May we contact your previous Veterinarian for records? Yes or No
Previous Veterinary Hospital: _____ Phone number: _____

****AUTHORIZATION****

I hereby authorize the veterinarian to examine, treat, and prescribe for my pet. I assume responsibility for all charges incurred, and understand that these **charges will be due in full at time of release.**

I have read, understand and agree with the above information.

Signature of Owner _____ Date: _____