

Broadway Veterinary Clinic

2340 W. Broadway Idaho Falls, ID 208-522-2557

Welcome to our new clinic. We are very excited to be offering services in this area. Please fill out this information so that we can get to know you and your pet family better.

Date _____

Registration

Owner _____ Address _____

Spouse _____ City _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Spouse Phone _____ Work Phone _____

Email _____ (We can send reminders and Paperless Invoices)

How did you learn of our clinic? _____

Reason for visit _____

Pet Health History

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate/Age _____

**** (CIRCLE ONE)** Is your pet Male or Female? **** (CIRCLE ONE)** Is your pet Unaltered/ Neutered/ Spayed ?

Does your pet have a microchip? Yes No

Where did your pet receive his/her last vaccinations? _____

Additional Pets

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate/Age _____

**** (CIRCLE ONE)** Is your pet Male or Female? **** (CIRCLE ONE)** Is your pet Unaltered/ Neutered/ Spayed ?

Does your pet have a microchip? Yes No

Where did your pet receive his/her last vaccinations? _____

*An additional form can be provided for additional pets

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described 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 release and that deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of Payment: Cash Check Visa MasterCard Discover Care Credit