



Pet Registration and History

Heartland Animal Hospital

Marilyn Wolgamott DVM
2115 E Main, Weatherford, OK 73096
580-772-7297

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

REGISTRATION

Owner _____ SS# _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Drivers License # _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ City _____

Spouse's name _____ Spouse's SS# _____

Employer _____ Work Phone _____

Emergency contact Name _____ Phone number _____

How did you learn about our clinic?

____ Yellow Pages ____ Sign ____ Recommendation, by whom? _____

____ Other _____

Are you a College Student? _____ Over 55? _____

Reason for Visit _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the following described pet(s). 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 a deposit may be required for surgical/medical treatment.

Signature of Owner _____ Date _____

Method of payment _____ Cash _____ Check _____ MasterCard _____ Visa _____

We DO NOT have charge accounts. Thank you for coming to our clinic.