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Registration and New Pet History

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.

Owner's name: _____

Other Names (spouse, joint or co-owners) _____

Address: _____

City/State/Zip: _____

Please circle the phone number below that you would like to use as your primary number when calling:

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Email address (Help us save paper and trees!) _____

If this is your first visit, how did you learn about us? (Please provide name if you know it)

Name of Pet: _____ (circle one): **Dog or Cat**

Date of birth: _____ **Breed:** _____ **Color:** _____

Markings _____

Male Female Spayed/Neutered Unknown

Date and type of last vaccinations _____

Which veterinary hospital: _____

Do we have your permission to call them if we need information? Yes/No

Number of other pets: Dogs ____ **Cats** ____ **Other (specify)** _____

Do we have your permission to send your pet's records to your pet insurance if they request? Yes/No

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.

Signature _____

Date: _____