

Welcome

Hooks Pet Clinic • 296 Hwy 231 • Martin, TN 38237 • 731-587-3817

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: _____ Spouse: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Cell: _____
E-mail Address: _____

Pet Information

Pet Name: _____ Date of Birth: _____
Dog: _____ Cat: _____ Sex: _____ Male ___ Neutered _____ Female ___ Spayed
Breed: _____ Color: _____
Medical History: _____

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Authorization

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 a deposit may be required for surgical treatment.

I, the undersigned, give permission to use photos of my pet(s) publicly to promote Hooks Pet Clinic. I understand the images may be used online on social media and/or the clinic website(s). ___ Yes ___ No

Signature of Owner: _____ Date: _____