



Palouse Animal Wellness and Surgery Center

504 N Main St Moscow, ID 83843
208.883. WOOF (9663)
www.pawsvet.com



Katherine Miller, DVM

Matt Mason, DVM

New Patient Registration

Welcome to the Palouse Animal Wellness and Surgery Center!

We are glad you have chosen our clinic and staff to provide health care for your pet!

As a new client we ask you complete the following information for us:

Your Information

Date _____

Name _____ Spouse _____

Address _____

City/State/Zip _____

E-mail Address _____ Ok to email? ____

Place of Employment _____ Occupation? _____

Preferred Method of Communication? Phone Email Mail

Phone Numbers:

Home/Cell: _____ Work: _____

Spouse Cell: _____ Other: _____

Name & phone # of emergency contact: _____

How did you learn of our clinic? Facebook Yellow Pages Drove By

PAWS Website Humane Society of the Palouse Flyer

AUTHORIZATION: (Please Initial, Sign and Date Below)

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** _____

*Furthermore, I also understand that restraint if necessary, of my pet, will always be administered by one of our veterinary professionals and not by myself or my family to ensure you and your pet's health and safety are our priority. _____

Sign _____ **Date** _____

Other _____ Recommended? By Whom? _____
 Previous Clinic we may get medical records from: _____

Your Pet's Information

	Pet #1	Pet #2	Pet #3
Pet's Name			
Dog / Cat			
Breed			
Color			
Gender	Male Female		
Spayed or Neutered	Yes No	Yes No	Yes No
Date of Birth/Age			
Main Diet			
Date of Last Vaccinations			

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