



PAWS

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 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:

Your Information

Date: _____

Last Name: _____ First Name: _____ Spouse: _____

Address: _____

Home/Cell Number: _____ Spouse Number: _____

Work Phone: _____ Email: _____

Preferred Method of Communication? Phone Text Email Postal Mail

Place of Employment: _____ Occupation? _____

Emergency Contact: _____ Phone Number: _____

How did you learn of our clinic? FB/Twitter Yellow Pages Drove by PAWS Website Flyer

Humane Society of the Palouse Recommended? By Whom? _____

Previous Clinic where we can get Medical Records: _____

Your Pet's Information

	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>
Pet's Name			
Dog or Cat			
Breed			
Color			
Sex (Male or Female)			
Spayed or Neutered	Yes No	Yes No	Yes No
Date of Birth			
Main Diet			
Date of Last Vaccinations			

Authorization: (Please Initial, Sign and Date Below)

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I am 18 years or older and assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES ARE RENDERED.** Initial: _____

*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 mine and my pet's health and safety are our priority. Initial: _____

Signature: _____ Date: _____