

**ST. CHARLES VETERINARY CLINIC
106 WEST CIRCLE DRIVE
ST. CHARLES, MN 55972
507-932-4000 OR 507-932-4001**

REGISTRATION FORM

Date_____

Owner's Names_____

Address_____ City_____ St_____ Zip_____

Home Telephone_____ Cell Phone Number_____

Email Address_____

Employed at_____ Work Telephone_____

In case of EMERGENCY, please call_____ at_____

Who may we thank for your visit today_____

Pet's name_____ Date of Birth_____

Species_____ Breed_____ Sex_____

Reason for visit_____

Previous veterinarian where records can be obtained_____

Has your pet been treated for any illness, specify problem and medication and dosage if known:

Date of last vaccinations_____

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.

Owner or responsible party_____

I hereby grant the permission to use, reuse, publish, and broadcast any and all media my name and my pets. I release St. Charles Veterinary Clinic from any demands arising from the use of photographs or video including, without limitation, all claims for libel or invasion of privacy.

Signature:_____