



Welcome! Thank you for the opportunity to help care for your pet(s). Please fill out as completely as possible.

Today's Date: \_\_\_\_\_

**How did you hear about us?**

Drive By     Animal Shelter/Rescue     Internet     Referral     Other: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Pet Owner's Information**

Name: \_\_\_\_\_ DL State and #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-owner Information**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Pet Information**

Dog     Cat     Other: \_\_\_\_\_ Gender:  Male     Female

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Spayed/Neutered?  Yes     No

Microchipped?  Yes     No

Recent Vaccination Dates: \_\_\_\_\_

Prior Veterinary Clinic: \_\_\_\_\_

**Authorization**

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that ALL charges are due at the time of release and that a deposit may be required prior to treatment. I assume all responsibility for any charges for unpaid balances (interest and collection fees).

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

2726 E Lamar Alexander Pkwy, Maryville, TN 37804  
865.724.1040 • 865.724.1041 fax • info@southwindpets.com • www.southwindpets.com  
Office Hours: Mon-Fri 8:00am-5:30pm; Sat 8:00am-12:00 pm; Sun closed

# Southwind Animal Hospital

## Additional Pets in Household?

Pet Owner's Name: \_\_\_\_\_

### Second Pet Info

Cat    Dog    Other: \_\_\_\_\_ Gender:  Male    Female

Pet's Name: \_\_\_\_\_ Pet's Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Spayed/Neutered?    Yes    No      Microchipped?    Yes    No

Dates of Last Vaccines: \_\_\_\_\_

Prior Veterinary Clinic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

### Second Pet Info

Cat    Dog    Other: \_\_\_\_\_ Gender:  Male    Female

Pet's Name: \_\_\_\_\_ Pet's Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Spayed/Neutered?    Yes    No      Microchipped?    Yes    No

Dates of Last Vaccines: \_\_\_\_\_

Prior Veterinary Clinic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

### Third Pet Info

Cat    Dog    Other: \_\_\_\_\_ Gender:  Male    Female

Pet's Name: \_\_\_\_\_ Pet's Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Spayed/Neutered?    Yes    No      Microchipped?    Yes    No

Dates of Last Vaccines: \_\_\_\_\_

Prior Veterinary Clinic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

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