

# SOUTH COLLEGE VETERINARY CLINIC

1946 S. COLLEGE ST. · AUBURN, AL · 36832

P: 334-821-3647

F: 334-821-3649

E: 821dogs@bellsouth.net

W: www.southcollegevet.com

**R. A. ALBERT, III, D.V.M.**

“Dedicated to keeping your best friend happy and healthy!”

**Owner** | First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

Address | Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\* Please remember to provide an apartment number if you live in an apartment! \*\***

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

Alternate/Extra Phone(s): \_\_\_\_\_

**\*Emergency Contact\***: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* Please provide the name and number of a spouse, parent, or close relative. \*\***

If you are a student, please provide a parent/guardian contact: \_\_\_\_\_

**\*\* Name and Phone Number \*\***

Address | Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\* Parent/Guardian Home Address \*\***

Email: \_\_\_\_\_ (We send reminders, coupons, and special offers this way.)

How did you learn of our clinic?      Yellow Pages      Recommendation  
   Website     Other: \_\_\_\_\_

If recommended, who may we thank? \_\_\_\_\_

Preferred Method of Communication:      Postal Mail      Email      Telephone      Text

Please choose one of the following if it applies to you:      Military      Public Safety      Veteran

**I hereby authorize Dr. R. A. Albert, III, and/or associate veterinarian(s) on staff, 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/hospitalization treatment.**

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

Payment Method:      Cash      Check      VISA®      MasterCard®      CareCredit®      AmEx      Discover

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## Patient Registration Form

Pet's Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Marking(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male

Female

Neutered Male

Spayed Female

Microchip Company and Number: \_\_\_\_\_

### Medical Alert (check one if it applies to your pet):

Aggressive with other pets    Will bite people    Asthma    Allergic to sedatives    Cage aggressive

Diabetic    Storm anxiety    Antibiotic sensitive    Vaccine reactor    Nervous at vet    Seizures

Food allergy    Other \_\_\_\_\_

### Chronic Ailment (check one if it applies to your pet):

Addison's Disease    Allergies    Arthritis    Cancer    COPD    Cushing's Disease    Diabetes

Chronic ear infections    Heart Disease    Heart Murmur    Hepatitis    Hip Dysplasia    Renal Disease

Renal Failure    Seizures    Other \_\_\_\_\_

Vaccination History | Name of Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your pet currently taking any medications? Please list: \_\_\_\_\_

What brand of food are you currently feeding your pet? \_\_\_\_\_

How much do you feed your pet per day? \_\_\_\_\_

Briefly explain the reason for your visit today: \_\_\_\_\_

\_\_\_\_\_