



## Family Friends Veterinary Hospital

3245 W. Main Street, Suite 265

Frisco, TX 75034

(P) 469-225-5885

(F) 214-666-6013

### REGISTRATION

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthday \_\_\_\_\_  
Employer: \_\_\_\_\_  
Significant Other: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
How did you learn about our clinic?  Sign Outside  Website  Facebook  Recommendation  
 Other: \_\_\_\_\_  
If recommended, by whom? \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_

### PET HEALTH HISTORY

Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed  
Vaccination History (date and type of last vaccinations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pet's current medications: \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
\_\_\_\_\_

### Consent for Social Media

After an explanation of its intended use, I authorize the staff at this veterinary practice to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use on social media.

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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.

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