



AUBURN ANIMAL CENTER

Welcome to Our Family!

Thank you for giving Auburn Animal Center the pleasure of caring for your pet!

Owner's Name: _____

Address: _____

Email: _____ (We do not give out your email to other parties it is used for communication with staff, lab results, reminders etc.)

Home Phone: _____ Cell: _____ Work Phone: _____

Co-Owner:

Name: _____ Phone: _____

Pet's Name: _____ Birthdate or Age: _____

Dog Cat Other _____ Male Neutered Female Spayed

Breed: _____ Color/Markings: _____

Pet's Name: _____ Birthdate or Age: _____

Dog Cat Other _____ Male Neutered Female Spayed

Breed: _____ Color/Markings: _____

*If you have more than 2 pets, don't worry we will collect additional information at your appointment.

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name _____ City _____ State _____

How did you hear about us?

Drive by/sign Internet Referral Other - please specify: _____

***A \$50 deposit is required per pet for the first scheduled appointment. You will receive a call within 24 - 48hrs once your form has been submitted. Currently we are booking out 4 to 6 weeks and only scheduling wellness appointments for new clients. If your pet has a stable medical condition, we recommend establishing care. If your pet is ill and needs to be seen we recommend your local emergency clinic or urgent care.**

Please email us with questions: AuburnAC@yourvetdoc.com