



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: _____

*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