3300 S. Park Ave Tucson, AZ 85713 520-209-1963

Pet Registration Sheet



OWNER INFORMATION	PET INFORMATION
First Name:	Pet's Name:
Last Name:	Species: ☐ Canine ☐ Feline ☐ Other:
Co Owner: First Name, Last Name	Breed: Color:
Address:	Sex:
City, State, Zip Code:	DOB/ Estimated Age: Weight:
Email:	Length Owned:
Home Phone#	Are you the owner of the pet?
Work Name & Telephone #	If not, who is? Are you eighteen years of age or older? □ I am □ I am not
Cell Phone #	Is your pet current on their rabies vaccine? ☐ Yes ☐ No
Reason for today visit: Grooming Services Medical Services	Has your pet ever exhibited any form of aggression, such as biting or nipping during grooming or medical procedures?
Medical Authorization: I give permission to the Doctor	
Pima JTED to speak to the following people about the diagnosis, treatments & prognosis of my pet.	
1.	2.
In order to create a positive and enjoyable experience for your pet, our dedicated staff, and students in the Veterinary Assistant Program, we are unable to offer veterinary or grooming services for pets with a history of aggression toward people, including biting or nipping. We appreciate your understanding as we prioritize the safety and well-being of everyone involved.	
SIGNATURE OF OWNER	DATE:
<u>X</u>	
Print Name:	