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

Pet Registration Sheet

Class Pet
Pima JTED Veterinary Clinic

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: ☐ M ☐ M/Neutered ☐ F ☐ F/Spayed
City, State, Zip Code:	DOB/ Estimated Age: Weight:
Email:	Length Owned:
Home Phone#	Are you the owner of the pet? ☐ I am ☐ I am not
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? ☐ Yes ☐ No Initial_____
Medical Authorization: I give permission to the Doctors, Veterinary Assisting Instructor and Lab Assistant at 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:*

X_____ _____

Print Name:_____

CONFIDENTIAL