

HOWELL MILL ANIMAL WELLNESS CLINIC

MICROCHIP INFORMATION / REGISTRATION FORM

DATE: _____

ANIMAL INFORMATION:

PET'S NAME: _____ DOG CAT MALE FEMALE SPAYED/NEUTER: YES NO

PET'S D.O.B.: _____ AGE: _____ YRS. OR MOS. WEIGHT: _____ LB

PRIMARY BREED: _____ SECONDARY BREED: _____

PRIMARY COLOR: _____ SECONDARY COLOR: _____

AGE GROUP: JUVENILE YOUNG ADULT ADULT SENIOR

SIZE: X-SMALL SMALL MEDIUM LARGE X-LARGE

OWNER INFORMATION:

MR/MRS/MS FIRST NAME: _____ LAST NAME: _____

DL #: _____ DL STATE #: _____ OWNERS. D.O.B. #: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME #: _____ WORK #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: OTHER THAN THE OWNER FOR MICROCHIP

NAME: _____

PHONE 1 #: _____ PHONE 2 #: _____

SERVICES COMPLETED:

MICROCHIP: YES NO

----- PLACE STICKER HERE -----

OFFICE USE: PLEASE DO NOT WRITE IN THIS AREA

CORNERSTONE ENTERED BY: _____ CLIENT ID: _____ PATIENT ID: _____

PETPOINT ENTERED BY: _____ PERSON ID #: _____ ANIMAL ID #: _____