

Registration Form

Please print

Owner information

Last name _____ First name _____ MI _____

Home address _____

City _____ State _____ Zip code _____

Home phone () _____ Work phone () _____

Cell phone () _____ Preferred phone () _____

E-mail address _____

Agent/Trainer/Transporter name _____

Agent/Trainer/Transporter phone number () _____

Pet/Animal information

Name/ID _____ Breed _____

Reason for this visit: _____

Species: Dog Cat (Short hair Medium hair Long hair)

Horse Alpaca Cow Goat Llama Pig Sheep

Other, please specify _____

Sex: Male Castrated male Female Spayed female Unknown

Age/Date of birth _____ Color _____

Please see other side to complete additional questions



THE OHIO STATE UNIVERSITY

VETERINARY MEDICAL CENTER

601 Vernon Tharp Street
Columbus, OH 43210

vet.osu.edu/vmc

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Please print

Regular veterinarian information

Clinic name _____

Veterinarian's name _____

City _____ State _____ Zip code _____

Phone number () _____ Fax number () _____

(Please advise Client Services if you have more than one veterinarian for your pet/animal)

Please check any that apply *(proof of membership will be required)*

- I am a Golden Buckeye Card holder
- I am a College of Veterinary Medicine faculty / staff / student / retiree
- I am an Ohio State faculty / staff member

How did you hear about us?

- My veterinarian referred me
- Family / friends
- Website
- Advertising (please describe) _____
- Other (please describe) _____

Signature

Owner signature _____ Date _____

Agent signature _____ Date _____

Please complete both sides of this form

