Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____

Owner _____ SS# (optional) _____

Address _____

Spouse _____ SS# (optional) _____

Home Phone _____ Work Phone _____ Spouse Work Phone _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? ☐ Yellow Pages ☐ Sign ☐ Recommendation ☐ Other

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

_____

_____

PET HEALTH HISTORY

Name of pet _____ ☐ Dog ☐ Cat ☐ Other _____

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Netuered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations) _____

_____

Please check any symptoms or problems that you have noticed about your pet.

☐ Behavior Problems	☐ Gagging	☐ Seems Depressed
☐ Bleeding Gums	☐ Lack of Appetite	☐ Shaking Head
☐ Breathing Problems	☐ Limping	☐ Sneezing
☐ Coughing	☐ Loss of Balance	☐ Thirst and/or Urination Increased
☐ Diarrhea	☐ Scooting	☐ Vomiting
☐ Eye Bulging or Bloodshot	☐ Scratching	☐ Weakness

☐ Other _____

Pet's current medications _____

Describe your pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payment ☐ Cash ☐ Check ☐ MasterCard ☐ VISA ☐ Other _____