

Welcome

Thank you for giving us the opportunity to care for your pet. We will 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 _____ SSN _____

Address _____ Home phone _____ Cell phone _____

City _____ State _____ Zip _____

Place of Employment _____ Phone _____ E-mail address _____

Spouse _____ SSN _____ Cell Phone _____

Place of Employment _____ Phone _____ E-mail address _____

Emergency contact name _____ Phone _____

How did you learn of our clinic? Yellow Pages Sign Recommendation Internet/Website 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 _____ Neutered _____ Female _____ Spayed

How was pet acquired? _____ Breeder _____ Individual _____ Pet Store _____ Other _____

Date of Last Vaccine:

CANINE

Rabies _____

Dhapp _____

Parvo _____

Bordetella _____

Heartworm Prev. YES NO (circle one)

Type _____

FELINE

100% Indoor YES NO (circle one)

Rabies _____

Fel-cvr _____

Leukocell _____

Leukemia Tested YES NO Date _____

FIV Tested YES NO Date _____

Medical History: _____

Previous Veterinarian _____

Please check any symptoms or problems that you have noticed about our pet:

___ Behavior Problems ___ Bleeding Gums ___ Breathing Problems ___ Coughing ___ Thirst

___ Diarrhea ___ Limping ___ Increased Urination ___ Scooting ___ Vomiting

___ Scratching ___ Seems Depressed ___ Loss of Balance ___ Sneezing ___ Weakness

___ Lack of Appetite ___ Shaking Head ___ Eye Problem ___ Gagging ___ 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 treatment. MUST BE 18 YEARS OR OLDER.

Signature of Owner _____ Date _____

Method of payment: Check _____ Cash _____ MC/Visa _____