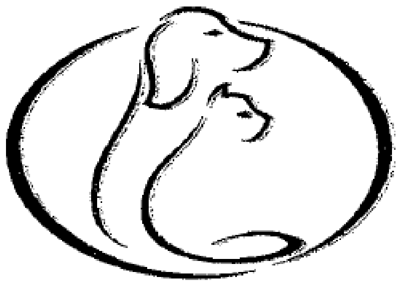

Welcome

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

Today's Date________________________________

Owner's Name____________________________ Spouse/Other____

Address____________________________City________________________ State______ Zip___________________

E-mail____ Driver's License #___________________________________

Employer's Name & Address____

At What Time_________ And At What Phone Number_____________________ Is it Best To Call About Your Pet?

In Case of EMERGENCY, Please Call____

Please Describe Other Animals In Household____

Reason for Visit____

Pet Health History

Pet's Name____Date of Birth_____________________

Type of Animal ☐ Dog ☐ Cat ☐ Other

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Breed____Color___________________________Weight___________________

Vaccination History (Date And Type of Last Vaccinations)

____

____

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

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

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____

Current Medications____

Describe Your Pet's Diet____

Authorization

I hearby 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 understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent:____Date______________________

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