



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

Owner: _____ Date: _____

Address: _____

Spouse: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Spouse Phone: _____

How did you learn of our clinic?

- Yellow Pages
- Sign
- Recommendation. By whom? _____
- Other

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

Reason for visit: _____

Pet Health History

Name of Pet: _____

- Dog
- Cat
- Other _____

Breed: _____ Color: _____ Birth Date: _____

- Male
- Neutered
- Female
- Spayed

Date and type of last Vaccinations _____

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

- Behavior Problems
- Coughing
- Diarrhea
- Lack of appetite
- Scooting
- Scratching
- Sneezing
- Weakness
- Seems depressed
- Bleeding gums
- Gagging
- Eye bulging or bloodshot
- Limping
- Shaking head
- Thirst and/or urination increased
- Other: _____

Pet's Current Medication: _____

Describe your pet's diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above 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: _____