



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 ensure the best care possible, please take the time to fill in this form completely. Thank You!

Registration

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SS #/SIN: _____ OR Driver's License #: _____

Employer's Name and Address: _____

In Case of EMERGENCY, Please Call: _____

Reason for Visit: _____

****NO CHECKS WILL BE ACCEPTED WITHOUT THE BOLDED INFORMATION****

Pet Health History

Pet's Name: _____ Date of Birth: _____

Type of Animal: Dog Cat Other Please Specify: _____

Sex: Male Neutered Female Spayed

Breed: _____ Color: _____ Weight: _____

Vaccination History (Date and Type of Last Vaccination): _____

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

- | | | |
|--|--|---|
| <input type="radio"/> Bad Breath | <input type="radio"/> Lack of Appetite | <input type="radio"/> Thirst and/or Urination Increased |
| <input type="radio"/> Behavior Problems | <input type="radio"/> Limping | <input type="radio"/> Vomiting |
| <input type="radio"/> Bleeding Gums | <input type="radio"/> Loss of Balance | <input type="radio"/> Weakness |
| <input type="radio"/> Breathing Problems | <input type="radio"/> Scooting | <input type="radio"/> Weight Problem |
| <input type="radio"/> Coughing | <input type="radio"/> Scratching | <input type="radio"/> Other: _____ |
| <input type="radio"/> Diarrhea | <input type="radio"/> Seems Depressed | _____ |
| <input type="radio"/> Eye Bulging or Bloodshot | <input type="radio"/> Shaking Head | _____ |
| <input type="radio"/> Gagging | <input type="radio"/> Sneezing | _____ |

Current Medications: _____

****Continues on Back****

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

Signature of Owner/Agent: _____ Date: _____

Method of Payment: Cash Check MasterCard Visa Discover Declined