

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 _____

Address _____ DL# _____

City _____ State _____ Zip _____ DOB _____

Spouse _____

Home Phone _____ Work Phone _____ Spouse Work Phone _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic?

<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Friend or Family	<input type="checkbox"/> Pet-o-rama
<input type="checkbox"/> Internet	<input type="checkbox"/> Petland	<input type="checkbox"/> Drive by
<input type="checkbox"/> Other _____		

Email _____

Reason for visit _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) _____

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

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

Pet's current medications _____

Brand name of food fed _____ Dry or Canned

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for any 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.

Signature of Owner _____ Date _____

Method of payment Cash Check MasterCard VISA Other _____

I understand & authorize all dishonored checks plus a processing fee & all applicable taxes to be electronically debited from my account. Intl. _____