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_____ Email_____

Address _____ City_____ State_____ Zip_____ County_____

Home Phone _____ Cell Phone_____ Work Phone_____

Spouse _____ Spouse Cell #_____ Spouse Work #_____ Email_____

Emergency Contact Name_____ Phone_____

How did you learn of our clinic? ☐ Yellow Pages ☐ Recommendation ☐ Sign ☐ Other_____

If recommended, by whom?_____

Number of pets: Dogs_____ Cats_____ Other (specify)_____

Reason for visit_____

PET HEALTH HISTORY

Name of pet #1_____ ☐ Dog ☐ Cat ☐ Other_____

Breed_____ Color_____ Birthdate_____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations)_____

Name of pet #1_____ ☐ Dog ☐ Cat ☐ Other_____

Breed_____ Color_____ Birthdate_____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

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

- ☐ 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
- ☐ 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 surgical treatment. If for any reason, a balance is owed on my account more than 30 days, the account will accrue interest at the maximum rate permitted by law. I will be responsible for all service charges & any fees necessary to collect this debt. I also acknowledge that I will be responsible for court costs & reasonable attorney's fees if my account is referred to an attorney for collection.

Signature of Owner_____ Date_____

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