

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'S NAME _____		TODAY'S DATE _____	
ADDRESS _____		SPOUSE/OTHER _____	
CITY _____		STATE _____ ZIP _____	
HOME PHONE _____		CELL PHONE _____	
WORK PHONE _____			
E-MAIL _____			
SS #/SIN _____		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 <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER _____			
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> 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			
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Thirst and/or Urination Increased	
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Weakness	
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weight Problem	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Seems Depressed	_____	
<input type="checkbox"/> Eye Bulging or Bloodshot	<input type="checkbox"/> Shaking Head	_____	
<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing	_____	
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 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 _____