



# Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions that you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank you!

## Registration

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If recommended, by whom? \_\_\_\_\_

Number of Pets: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

## Pet Health History

Name of Pet: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered Y N Female: \_\_\_\_\_ Spayed Y N

Vaccination History (Date and Type of last vaccinations) \_\_\_\_\_

\_\_\_\_\_

---

**Please check circle any symptoms or problems that you have noticed about your pets:**

**Behavior Problems   Bleeding Gums   Breathing Problems   Coughing   Diarrhea**

**Eye Bulging /Bloodshot   Gagging   Lack of Appetite   Limping**

**Loss of Balance   Scooting   Scratching   Seems Depressed   Shaking Head**

**Sneezing   Thirst and/or Increase in Urination Vomiting   Weakness   Other**

**Pet's Current Medication:**

**Describe your pet's diet:**

### ***Authorization***

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet/s. I assume responsibility for all charges incurred during 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:** \_\_\_\_\_

**Method of Payment: Cash   Check   MC   Visa   Other**