



# 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 (Last name first) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Spouse/ Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

How did you learn of our clinic? ☐ Recommendation ☐ Website ☐ Phone Directory  
☐ Sign ☐ Other \_\_\_\_\_

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

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_



## 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 with your pet.

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

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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_