



EVERGREEN
Veterinary Hospital

PATIENT REGISTRATION

Date: _____

Owner's Name _____ Pet's Name _____

Species (dog, cat, etc.) _____ Breed _____

Color _____ Sex: Male / Female Neutered / Spayed

Age & date of birth if known _____

Where did you acquire this pet? _____

Diet (type of food) _____

Date of vaccines and given by whom (if known):

DHPPC (distemper – parvo) _____

Leptospirosis _____

Bordetella (kennel cough) _____

FVRCP (distemper – upper respiratory) _____

Feline leukemia _____

Rabies _____

Other _____

Last heartworm test _____ Feline leukemia test _____ Last fecal exam _____

On heartworm prevention? Y/N Year-round? Y/N Type: _____

Microchip or Tattoo ID number _____

Dental history:

Prior major surgeries:

Prior major illnesses or diagnoses:

