



PATIENT REGISTRATION

6600 Centerville Business Pkwy
Centerville OH 45459

(937) 435-5622

Owner's Name _____

Date _____

Pet's Name _____

Species (dog, cat, etc.) _____

Breed _____

Color _____

Age & date of birth if known _____

Sex: Male / Female

Neutered / Spayed

Diet (type of food) _____ Where did you acquire this pet? _____

Date and type of vaccines:

Dog? / Cat?

Given by whom (if known):

DHLPPC (distemper – parvo – lepto) _____

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 Which one? _____

Microchip or Tattoo ID number _____

Dental history:

Prior major illnesses:

Prior major surgeries:

