# 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 (Last name first)__________ Date__________

Address__________

E-mail Address__________

Home Phone__________ Work Phone__________ Cell Phone__________

Spouse/Co-Owner__________ Phone __________

E-mail Address__________

Emergency Contact Name__________ Phone__________

How did you learn of our clinic? ☐ Recommendation ☐ Website ☐ Phone Directory ☐ Sign ☐ 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 ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations)__________

Please check (✓) any symptoms or problems that you have noticed with your pet.

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eyes Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other__________

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__________

Method of Payment: ☐ Cash ☐ Check ☐ MC®/VISA® ☐ Discover® ☐ AmEx ☐ Other__________

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