



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank you!

Registration

Date _____ Email Address _____
Owner _____ Driver's License# _____
Address _____
Work Place _____
Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact Name _____ Phone _____
How did you learn about our clinic? ___ On-Line ___ Recommendation ___ Sign ___ Other _____
If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____ Other _____
Reason for Visit: _____

Pet Health History

Name of Pet _____ Dog _____ Cat _____ Other _____
Breed _____ Color _____ Birthdate _____

<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Eye Bulging or Bloodshot	<input type="checkbox"/> Seems Depressed
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Gagging	<input type="checkbox"/> Shaking Head
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Coughing	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or Urination
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Increased
<input type="checkbox"/> Other _____	<input type="checkbox"/> Scooting	<input type="checkbox"/> Vomiting
	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weakness

List pet's current medications _____
List brands of food/treats your pet eats _____
Did you bring any past records? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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 _____
Method of Payment _____ Cash _____ Check _____ MasterCard _____ Visa _____ Discover _____