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:_____ **SSN#**:_____
Mailing Address:_____ Email_____
City, State, Zip:_____
Spouse:_____ SSN#:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Emergency Contact Name:_____ Phone:_____

___Phone Book ___Recommendation
___Sign ___Other___ _____

If recommended, by whom?_____
Number of pets: Dogs_____ Cats_____ Other(specify)_____
Reason for visit:_____

PET HEALTH HISTORY

Pet's Name:_____ _____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 about your pet.

_____Behavioral Problems	_____Lack of Appetite	_____Sneezing
_____Bleeding Gums	_____Limping	_____Thirst and/or Urination Increased
_____Breathing Problems	_____Loss of Balance	_____Vomitting
_____Coughing	_____Scooting on Rear	_____Weakness
_____Diarrhea	_____Scratching and Itching	_____Other_____
_____Eye Bulging or Bloodshot	_____Seems Depressed	_____
_____Gagging	_____Shaking Head	_____

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 with 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 _____Credit Card _____Other