



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's Name:		Today's Date:
Address:		Spouse/Other:
City/State:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:
SS #/SIN:	Driver's License #:	Email:
Employer's Name & Address:		
Spouse's/Other's Employer & Address:		
Best time to call:	At what number:	
In Case of Emergency #:		
Please describe other animals in the household:		
Reason for visit:		

PET HEALTH HISTORY

Pet's Name:		Date of Birth:						
Type of Animal:	Dog Cat Other:							
Sex:	Male Neutered Female Spayed							
Breed:	Color:	Weight:						
Vaccination History:								
<table style="width:100%; border:none;"> <tr> <td style="width:33%;">Please circle any symptoms</td> <td colspan="2">problems that you have noticed</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Behavior Problems • Bleeding Gums • Breathing Problems • Coughing • Diarrhea • Eye Bulging or Bloodshot • Gagging </td> <td> <ul style="list-style-type: none"> • Lack of Appetite • Limping • Loss of Balance • Scooting • Scratching • Seems Depressed • Shaking Head </td> <td> <ul style="list-style-type: none"> • Sneezing • Thirst and/or Urinations Increased • Vomiting • Weakness • Weight Problem • Other </td> </tr> </table>			Please circle any symptoms	problems that you have noticed		<ul style="list-style-type: none"> • Behavior Problems • Bleeding Gums • Breathing Problems • Coughing • Diarrhea • Eye Bulging or Bloodshot • Gagging 	<ul style="list-style-type: none"> • Lack of Appetite • Limping • Loss of Balance • Scooting • Scratching • Seems Depressed • Shaking Head 	<ul style="list-style-type: none"> • Sneezing • Thirst and/or Urinations Increased • Vomiting • Weakness • Weight Problem • Other
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Current Medications, if any:								
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 Mastercard VISA Other:	

