

# 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

EMAIL:		Date:
Owner:		SS# _____ DL# _____
Address:		
Spouse:		SS# _____ DL# _____
Home Phone:	Work Phone:	Spouse's Work:
Emergency Contact Name:		Phone:
How did you learn of our clinic? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation <input type="checkbox"/> Sign <input type="checkbox"/> Other:		
If recommended, by whom?		
Number of pets: Dogs: _____ Cats: _____ Other (specify): _____		
Reason for visit:		

## PET HEALTH HISTORY

Name of pet	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other:
Breed	Color	Birthdate	
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed
Vaccination History (Date and type of last vaccinations):			
Please check (✓) any symptoms or problems that you have noticed about your pet.			
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing	
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or Urination Increased	
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other:	
<input type="checkbox"/> Eye Bulging or Bloodshot	<input type="checkbox"/> Seems Depressed		
<input type="checkbox"/> Gagging	<input type="checkbox"/> 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 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 \_\_\_\_\_

Method of payment  Cash  Check  MasterCard  Visa  Other \_\_\_\_\_