



Cooper County Animal Hospital, p.c.

# WELCOME

16769 B Hwy , Boonville, MO 65233  
Phone: 660-882-2796 Fax: 660-882-3303

## PET REGISTRATION AND HISTORY

Office use only : Client ID \_\_\_\_\_ Patient ID \_\_\_\_\_

### Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Spouse/Other:

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### How did you become aware of our hospital?

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Location |
| <input type="checkbox"/> Other clinic | <input type="checkbox"/> Groomer  |
| <input type="checkbox"/> Website      | <input type="checkbox"/> Breeder  |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Client   |
| <input type="checkbox"/> Relative     |                                   |

Name of person that referred you:  
\_\_\_\_\_

### Pet's Information:

Name: \_\_\_\_\_  
 Dog       Cat       Horse  
 Other: \_\_\_\_\_  
Breed: \_\_\_\_\_  
 Male       Female       Other  
 Neutered       Spayed  
Color: \_\_\_\_\_  
Markings: \_\_\_\_\_  
Date of Birth/Age: \_\_\_\_\_

Is your pet current on their vaccinations?  
 Yes       No

Vaccination History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you:  board your animal    groom    or show

**Cat Only:**    Indoor only       Outdoor only  
                   Both indoor and outdoor

Has your cat been Felv/Fiv tested?  Yes    No  
Date of test: \_\_\_\_\_ Result: \_\_\_\_\_

**Dog Only:**    Indoor (fenced yard only)  
                   Outdoor (hunting, drinks from streams, etc)

Has your dog been Heartworm tested?  
 Yes       No  
Date of test: \_\_\_\_\_ Result: \_\_\_\_\_

### General Information:

Any prior illness/surgery?  Yes       No  
If yes, please explain/list: \_\_\_\_\_

Is your pet on a special diet and/or medication(s)?  
 Yes       No  
If yes, please explain/list: \_\_\_\_\_

What do you feed your pet?  wet/canned food  
 dry food       both wet and dry food  
brand of food: \_\_\_\_\_

Does your pet get table scraps and or bones?  
 Yes       No  
If yes, how often: \_\_\_\_\_

Does your pet have any drug/vaccine allergies or reactions?  
 Yes       No  
If yes, please explain/list: \_\_\_\_\_

Please check any symptoms/problems that you have noticed about your pet:

- |   |  |
|---|--|
| <input type="checkbox"/> Behavior problems          | <input type="checkbox"/> Bleeding Gums |
| <input type="checkbox"/> Breathing problems         | <input type="checkbox"/> Coughing      |
| <input type="checkbox"/> Eye bulging/bloodshot      | <input type="checkbox"/> Diarrhea      |
| <input type="checkbox"/> Lack of appetite           | <input type="checkbox"/> Gagging       |
| <input type="checkbox"/> Loss of balance            | <input type="checkbox"/> Limping       |
| <input type="checkbox"/> Scooting                   | <input type="checkbox"/> Scratching    |
| <input type="checkbox"/> Seems depressed            | <input type="checkbox"/> Shaking head  |
| <input type="checkbox"/> Sneezing                   | <input type="checkbox"/> Vomiting      |
| <input type="checkbox"/> Increased thirst/urination | <input type="checkbox"/> Weakness      |
| <input type="checkbox"/> Other: _____               |  |

**PLEASE TURN PAGE OVER**

**AUTHORIZATION**

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet listed on page one of this document. I assume responsibility for charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_