



# 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!* Colin R. Jeschke, DVM and The Staff of Abington Veterinary Center

## REGISTRATION

Owner \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_  
Spouse/Co-Owner \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_

How did you learn about our practice?  Phone book  Recommendation  Newspaper  Previous Client  Sign

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (Specify) \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_ Birth Date \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Neutered/spayed  Yes  No \_\_\_\_\_ If yes, at what age \_\_\_\_\_  
Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society  Other \_\_\_\_\_

At what age was the pet obtained? \_\_\_\_\_

For what purpose was the pet obtained? (check all that apply)

Companionship  Protection  Breeding  Show  Other \_\_\_\_\_  
Is your pet an indoor housepet?  Yes  No \_\_\_\_\_

Please check any symptoms or problems that you have noticed about your pet.

- Behavior Problems  Lack of Appetite  Sneezing
- Bleeding Gums  Limping  Thirst and/or Urination Increased
- Breathing Problems  Loss of Balance  Vomiting
- Coughing  Scooting  Weakness
- Diarrhea  Scratching  Other \_\_\_\_\_
- Eye Bulging or Bloodshot  Seems Depressed \_\_\_\_\_
- Gagging  Shaking Head \_\_\_\_\_

Please list any prior illness/surgery(s) \_\_\_\_\_

Last date of dental cleaning \_\_\_\_\_

If cat, date of last Feline Leukemia Test \_\_\_\_\_  Positive  Negative

Previous veterinarian(s) where past records can be obtained if necessary \_\_\_\_\_

## AUTHORIZATION

I here by authorize Dr. Colin R. Jeschke, DVM and Abington Veterinary Center to examine, prescribe for and/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 the surgical treatment.

Method of payment:  Cash  Check  Mastercard  Visa

Signature of Owner or Agent \_\_\_\_\_

Date \_\_\_\_\_