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

Primary Owner:_____ Date: _____
Address:_____
City: _____ State: _____ ZIP Code:_____
Primary Owner Phone: _____
Secondary Owner: _____
Secondary Owner Phone: _____
Primary Owner Employer:_____ Work Phone:_____
Secondary Owner Employer:_____ Work Phone:_____
Additional Home/Cell Phone: _____
Emergency Contact Name: _____ Phone:_____
Primary Email: _____
How did you learn of our clinic? □ Internet □Sign □Recommendation □Other_____
If recommended, by whom? _____
Number of pets: Dogs: _____ Cats:_____
Reason for visit: _____

PET HEALTH HISTORY

Pet's Name:_____ □Dog □ Cat Birthday: _____

Breed: _____ Color :_____
□Male □ Male-Neutered □Female □Female-Spayed

Vaccination History (Date and type of last vaccinations): _____
_____
_____

Please check (√) any symptoms or problems that you have noticed about your pet:

□Behavior Problems	□Diarrhea	□Limping	□ Seems Depressed	□ Urination Increase
□Breathing Problems	□Eye Bulging/Bloodshot	□Loss of Balance	□ Shaking Head	□ Vomiting
□Bleeding Gums	□Gagging	□Scooting	□ Sneezing	□ Weakness
□Coughing	□Lack of Appetite	□Scratching	□ Thirst Increase	□ Other: _____

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 in hospital treatment.

Primary Owner Signature: _____ Date: _____

Secondary Owner Signature: _____Date: _____

Methods of payment accepted: Credit/Debit Card --- Cash --- Care Credit --- Check (Photo ID **required** for payments made by check)