

For Office Use:

Client# _____

Form Updated: _____

Scanned/Uploaded

Patient Registration Form

Patient Name: _____ DOB: _____ Sex: ____ Altered: _____

Species: _____ Breed: _____ Color: _____ Markings: _____

Microchip #: _____

Previous Veterinary Care Provider (Name/Phone): _____

At our hospital, one of our policies is a current **Rabies vaccination**. Effective March 21st, 2019, all pets are required to have a valid rabies vaccination in order to be seen by a Veterinarian or Veterinary Technician, as per **California State law**. If your pet has received a Rabies vaccination elsewhere, **please provide either your pets' medical records or Rabies Certificate**.

Patient History

List any medications your pet currently takes: _____

Is your dog on heartworm prevention? __ Y __ N Type _____ Date last given _____

Is your dog or cat on flea/tick prevention? __ Y __ N Type _____ Date last given _____

List any previously diagnosed medical conditions your pet has/had _____

List any medications your pet currently takes _____

List any allergies or previous vaccine reactions your pet has/had _____

Has your pet ever bitten someone? ___ attacked other animals? ___ lunged at/attacked people? ___

VACCINATION/WELLNESS HISTORY (If known, please check all vaccinations/tests that your pet has received within the past 12 months):

- Dog:**
- Rabies
 - Parvo (DAPP)
 - Bordetella (Kennel Cough)

- Cat:**
- Rabies
 - Distemper (FVRCP)
 - Feline Leukemia (FeLV)

Signature: _____ Date: _____