

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

Date _____ Driver's Lic. # _____
 Name _____ Employer/Occupation _____
 Spouse _____ Employer/Occupation _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____ Other Phone _____
 E-mail address (if you would prefer reminders sent by email) _____
 Emergency Contact Name _____ Phone _____
 How did you learn about our clinic? Yellow Pages Recommendation Web Page
 Sign/Location Other _____
 If recommended, by whom? _____
 Number of pets: Dogs _____ Cats _____ Other (specify) _____
 Reason for visit _____

Pet Health History

Name of Pet _____ Dog Cat Other _____
 Breed _____ Color _____ Birth Date/Age _____
 Male—Neutered? Yes No Female—Spayed? Yes No
Vaccination History (Date of last vaccines) Rabies _____
 Feline: FVRCP (3-in-1 or 4-in-1) _____ FeLV (Leukemia) _____ Other _____
 Canine: DHLPPC (5-in-1, 6-in-1, 7-in-1) _____ Bordatella _____
 Current medications _____

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	_____

Where did you get this pet? _____
 How long have you had this pet? _____
 Is this pet (circle one) *indoor only* *outdoor only* *indoor & outdoor* *other/undecided*
Please ask for additional pet history sheets for your other pets.

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 _____ Date _____

We accept Cash, Check, Visa, MasterCard, and CareCredit.