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

Today's Date ____________________

Owners First & Last Name ____________________

Address ____________________ City ____________________ State ________ Zip ____________

Home Phone ______________ Work Phone ____________________ Cell Phone ______________

E-mail ____________________

Occupation ____________________

Driver's License or ID # ____________________

In Case of EMERGENCY, Please Call ____________________

Reason For Visit ____________________

Pet Health History

Pet's Name ____________________ Date of Birth ____________________

Type of Animal ☐ Dog ☐ Cat

Sex ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Breed ____________________ Color ____________________

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

- ☐ Bad Breath
- ☐ Behavior Problems
- ☐ Bleeding
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Problems
- ☐ Fleas
- ☐ Gagging
- ☐ Lack or Appetite
- ☐ Limping
- ☐ Loss or Balance
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Weight Problems
- ☐ Other ____________________

Current Medications ____________________

Describe Your Pets Diet ____________________

Previous Veterinarian ____________________

How did you hear about us? ____________________

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 understand that these charges must be paid at the time services are rendered. For surgery payment must be paid in full before the surgery.

Signature of Owner ____________________ Date ____________________