

**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 ensure the best care possible, please take the time to complete this form. Thank you!

### REGISTRATION

Owner \_\_\_\_\_ Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_

Spouse \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about our clinic? \_\_\_\_\_

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 \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed

Vaccination History (date and type of last vaccinations) \_\_\_\_\_

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/bloodshot	<input type="checkbox"/> Seems depressed	_____
<input type="checkbox"/> Gagging	<input type="checkbox"/> Shaking head	_____

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 expenses 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 \_\_\_\_\_