



Welcome to Wausau Animal Hospital

Thank you for giving us the opportunity to care for your pet. Please complete the following registration information.

Background:

Owners Name _____ Today's Date _____

Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Phone(s) H: _____ W: _____ C: _____

e-mail: _____ (we will not share your email address with anyone)

(Would you like a free online account to view your pet's medical records? YES / NO)

Pet Health History:

Pet's Name _____ Type of Pet _____

Date of Birth or Age today _____ Breed _____

Color _____ Sex _____ (Spayed/Neutered)

Medical Conditions _____

Current Medications _____

What do you feed your pet? _____

Other Animals in Household _____

Reason for Today's Visit _____

How did you hear about us? (optional)

Internet search _____ Community Involvement _____

Referral/Word of Mouth _____ (who referred you? _____)