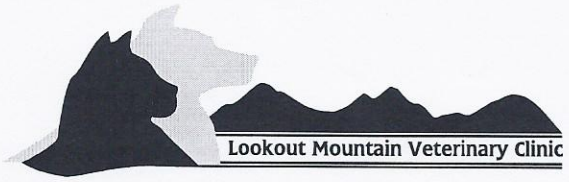
PET REGISTRATION AND HISTORY



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!

Date _____

REGISTRATION

Owner _____ Cell Phone (_____)_____

Address _____ Apt. #_____

City_____ State_____ Zip_____

Spouse/Partner_____ Cell Phone (_____)_____

Home Phone (_____) _____ Work Phone (_____)_____ Work Phone (_____)_____

Email Address_____

Emergency Contact Name_____ Phone (_____)_____

How did you learn of our clinic? ☐ Yellow Pages ☐ Recommendation ☐ Sign ☐ 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_____ Birthdate or Age _____

☐ 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.

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other_____

_____

Pet's current medications _____

_____

Describe your pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and a deposit may be required for surgical treatment.

Signature of Owner_____ Date _____