WELCOME

Thank you for giving us the oppotunity to care for your pet. We will be happy to answer any questions you may have about your pets health. To ensure the best care possible, we would like you to please take the time and fill out this form completely. Thank you!

----------REGISTRATION----------

Name of Owner:_____SSN:_____
Address: (Street) _____
(City, State & Zip)_____
Home ph.:_____ Work ph.:_____
Cell Ph.:_____ e-mail:_____

Spouse/Partner:_____SSN:_____
e-mail address:_____phone:_____

Emergency Contact:_____phone:_____

If recommended, by whom?_____
Reason for visit:_____

----------PET HEALTH HISTORY----------

Name of Pet:_____Cat___Dog___Other:_____
Birth Date:___/___/_____Breed:_____Color:_____
Male ___ Neutered ___ Female ___ Spayed ___ Other pets:_____
Vaccination History:_____
(Date and type) _____

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

___Behavior Problems	___Lack of Appetite	___Sneezing
___Bleeding Gums	___Limping	___Thirst/Urination increase
___Breathing Problems	___Loss of Balance	___Vomiting
___Coughing	___Scooting	___Weakness
___Diarrhea	___Scratching	___Stiffness of Joints
___Eye Abnormality	___Seems Depressed	___Other_____
___Gagging	___Shaking	_____

Pet's Current Medications:_____
Describe your pet's diet:_____

----------AUTHORIZATION----------

Sorry, no Billing!
I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges 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:_____