

# WELCOME

## REGISTRATION

Date \_\_\_\_\_ SS# or  
Owner \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Spouse \_\_\_\_\_  
Home ph. \_\_\_\_\_ Wk. ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about our clinic?  Yellow pages  Recommendation  
 Sign  Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  neutered  
 Female  spayed

May we request your records from your previous veterinarian?  Yes  No  
Reason for visit today? \_\_\_\_\_  
Name of previous Animal Clinic/Hospital \_\_\_\_\_

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"/> Increased
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> thirst or urine
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Gagging	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Depression	<input type="checkbox"/> Other _____
<input type="checkbox"/> Eye drainage or discoloration	<input type="checkbox"/> Head shaking	_____

Pet's 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 charges 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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_  
Method of payment: (please circle) Cash Check Mastercard Visa

Email Address: \_\_\_\_\_