



Thank you for giving us the opportunity to care for your pet. We will 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!

Client Registration

Name _____ Email Address _____
Address _____ City _____ Zip code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact Name _____ Phone _____
 Spouse Significant Other Relative Friend

How did you learn of our clinic? _____
If recommended, by whom? (We would like to thank them!) _____

Pet Health History

Name of pet _____ Dog Cat Other _____
Breed _____ Color _____ Birthday _____
 Male Neutered Female Spayed

Reason for today's visit _____

Please check any of the following symptoms that you have noticed about your pet:

- | | | | | |
|--|---|-----------------------------------|---|---|
| <input type="checkbox"/> Behavior Issues | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Eye Bulging/Blood shot |
| <input type="checkbox"/> Limping | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Scooting | |
| <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Itching/Scratching | |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Coughing | <input type="checkbox"/> Weakness | |
| <input type="checkbox"/> Other _____ | | | | |

Is your pet on Heartworm Preventative? Yes / No

Last dose given: _____

Is your pet on Flea/Tick Preventative? Yes / No

Last dose given: _____

Pet's Current Medications _____

Describe your pet's diet _____

Number of pets in the household: Dogs _____ Cats _____ Other (Specify) _____

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 for surgical treatment or hospitalization.

Signature of Owner _____ Date _____