WELCOME

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!

Registration

TODAY'S DATE _____

Owner 'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL _____

SS #/SIN _____ DRIVER'S LICENSE # _____

EMPLOYER'S NAME & ADDRESS _____

AT WHAT TIME _____ AND AT WHAT PHONE NUMBER _____ IS IT BEST TO CALL ABOUT YOUR PET?

IN CASE OF **EMERGENCY**, PLEASE CALL _____

PLEASE DESCRIBE OTHER ANIMALS IN HOUSEHOLD _____

REASON FOR VISIT _____

Pet Health History

PET'S NAME _____ DATE OF BIRTH _____

TYPE OF ANIMAL ☐ DOG ☐ CAT ☐ OTHER _____

SEX: ☐ MALE ☐ NEUTERED ☐ FEMALE ☐ SPAYED

BREED _____ COLOR _____ WEIGHT _____

VACCINATION HISTORY (Date and Type of Last Vaccinations) _____

_____

_____

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

- ☐ Bad Breath
- ☐ 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
- ☐ Weight Problem
- ☐ Other _____

_____

_____

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 understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____

Method of payment ☐ Cash ☐ Check ☐ MasterCard ☐ VISA ☐ Other _____

PRIVACY ACT DISCLAIMER: Records are confidential and may not be furnished to any person other than the client, his/her legal representative or other veterinarians involved in the care or treatment of the patient, without written authorization. Several exceptions exist, including exceptions for a subpoena from a court of competent jurisdiction with proper notice, statistical and scientific research (provided the information is de-identified), a medical negligence action or administrative proceeding, disciplinary actions against veterinarians, and certain records held by a state college of veterinary medicine that is accredited by AVMA Council on Education.