WELCOME

Thank you for giving us the opportunity to care for your pet. Well be happy to answer and questions you have about your pet's health. To insure the best care possible, please thake the time to fill in this form completely. Thank you!

REGISTRATION

Owner_____ Date _____

Address_____

City_____State_____Zip Code_____

E-mail Address_____

Spouse_____

Home Phone _____Cell Phone _____ Work Phone _____

Emergency Contact_____ Phone Number _____

How did you learn of our clinic? Yellow Pages_____ Sign _____ Recommendation (Who)_____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

PET HEALTH HISTORY

Name of pet_____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ Birthdate _____

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	____Lack of Appetite	____Sneezing
____Bleeding Gums	____Limping	____Thirst and/or Urination Increase
____Breathing Problems	____Loss of Balance	____Vomiting
____Coughing	____Scooting	____Weakness
____Diarrhea	____Scratching	____Other_____
____Eye Bulging or Bloodshot	____Seems Depressed	_____
____Gagging	____Shaking Head	_____

Pet's current medication_____

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 the 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 _____

Method of payment _____ Cash _____ Check _____MasterCard _____ VISA _____ Other _____