

WELCOME!

Date: _____

Registration

Owner: _____ Occupation: _____

Co-owner: _____ Owner DOB: _____
(Required for distribution of some medications)

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Mobile Landline Alternate Phone: _____ Mobile Landline

Preferred Method of Contact: Call Text Email

How did you learn about our hospital? _____

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

Reason for visit: _____

Pet Health History

Name of pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate or age: _____

Male Female Neutered/Spayed

Where can we obtain your pet's previous medical records? _____

If possible, please provide vaccine records when submitting this form.

Is your pet prone to biting or scratching people at the vet's office? Yes No

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Change in Appetite | <input type="checkbox"/> Thirst and/or Urination Increased | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Gagging |
| <input type="checkbox"/> Scooting | <input type="checkbox"/> Scratching/Licking | <input type="checkbox"/> Shaking Head/Ears Dirty |
| <input type="checkbox"/> Limping | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Depressed/Lethargic |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Eye Problems |

Other: _____

Pet's current medications: _____
(Bring all medications to first appointment)

What pet insurance do you have? _____

Type and brand of pet food: _____

Authorization

I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s). I assume full responsibility for all charges incurred for 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.

Do you consent to the use of images and/or video of your pet for social media purposes? Yes No

Signature of Owner: _____ Date: _____

We accept cash, credit cards, and CareCredit as payment. We do not accept personal checks.