



## REGISTRATION FORM

Date \_\_\_\_\_

Owner \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Spouse \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Number of pets \_\_\_\_ Dogs \_\_\_\_ Cats \_\_\_\_ Others \_\_\_\_\_

Reason for visit

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## PET HEALTH HISTORY

Name of pet \_\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_

Other \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Birthdate \_\_\_\_\_ / Age \_\_\_\_\_

Male \_\_\_\_ Neutered \_\_\_\_ Female \_\_\_\_ Spayed \_\_\_\_

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

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

Behavior Problems

Bleeding Gums

Coughing

Diarrhea

Eye Bulging or Bloodshot

Gagging

Limping

Loss of Balance

Scotting

Scratching

Seems Depressed

Shaking Head

Sneezing

Thirst and/or Urination Increased

Vomiting

Weakness

Other (Please Explain)

Pet's Current Medications

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Describe your pet's diet (type and brand of food)

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## 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.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Method of payment; Cash\_\_\_\_ Check\_\_\_\_ Master Card\_\_\_\_ Visa\_\_\_\_ Other \_\_\_\_\_