

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 assure the best care possible, please take the time to complete this form. Please print clearly. Thank you!

Registration

Date _____

Owner (last) name _____ (First) _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___

Address: Street _____ City _____ St. ___ Zip _____

Home Phone _____ Cell _____ Work _____ E-mail _____

Spouse _____ Spouse work phone _____

Occupation _____ Spouse Occupation _____

How did you learn of our hospital? Yellow Pages ___ Sign ___ Recommendation ___ Website ___

New resident info packet _____ Newspaper ad _____

If recommended, by whom? _____

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

Reason for today's visit _____

Pet Health History

Name of Pet _____ Dog ___ Cat ___ Other ___

Breed _____ Color _____ Birthday _____

Sex: Male ___ Female ___ Neutered/Spayed: Yes ___ No ___

Where did you obtain this pet?

Friend ___ Breeder ___ Pet Shop ___ Humane Society ___ Other _____

Vaccination History: (Please check the vaccines that this animal has received and list the dates in which it was last given.)

Canine Distemper/Parvo _____ Bordetella _____ Lyme _____

Feline Distemper/Upper Resp. _____ Leukemia _____ FIP _____

Rabies _____ Other _____

Has your pet had any of the following tests?

Heartworm_____ Feline Leukemia (cats)_____ FELV/FIP (cats)_____ Blood
testing/Screening_____

Date of test_____ Results of that test_____

Diet (kind of pet food) _____

Approximately how many cups of this food does your pet eat in one day? _____

Does your pet eat anything other than the pet food listed? _____ If so, please list _____

Pet's current medications _____

Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist) **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Cash, Checks, Mastercard, Visa, Discover and Care Credit. There will be a service charge for any returned checks.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. I hereby authorize the veterinarian to examine, prescribe for or treat all above described pet. I assume responsibility for all charges incurred in the care of this animal.

Signature of Owner _____ Date _____

Method of payment Cash___ Check___ Mastercard___ Visa___ Discover___ CareCredit___

WE SINCERELY DESIRE TO GIVE YOU AND YOUR PETS THE VERY BEST IN VETERINARY CARE. PLEASE EXCUSE ANY DELAYS DURING YOUR VISIT. WE TRY TO ALLOW THE SAME AMOUNT OF TIME FOR EACH PATIENT, BUT OCCASIONALLY TREATMENT OF CERTAIN ILLNESSES REQUIRES MORE TIME. WE APPRECIATE YOUR PATIENCE.

FOR THE SAFETY OF ALL PETS AND PEOPLE, ALL PETS MUST BE CONTROLLED WHILE IN THE WAITING ROOM EITHER BY A LEASH, CARRIER, OR BEING HELD BY THE OWNER.