

WELCOME!

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

TODAY'S DATE _____ OWNER _____
DATE OF BIRTH _____ SPOUSE/OTHER _____
ADDRESS _____
CITY/STATE _____ ZIP _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL _____
DRIVER'S LICENSE# _____ STATE _____ SS#/SIN _____
IN CASE OF EMERGENCY, PLEASE CALL _____
HOW DID YOU HEAR ABOUT US? _____

PET HEALTH HISTORY

PET'S NAME _____ DATE OF BIRTH _____
TYPE OF ANIMAL: DOG CAT BREED/COLOR _____
SEX: FEMALE MALE SPAYED NEUTERED
VACCINATION HISTORY (Date & Type of Last Vaccinations) _____
IS YOUR PET ON HEARTWORM PREVENTION? _____ TYPE _____
IS YOUR PET ON FLEA PREVENTION? _____ TYPE _____
REASON FOR TODAY'S VISIT _____
PLEASE MARK ANY SYMPTOMS THAT YOU HAVE NOTICED ABOUT YOUR PET

<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Change in Appetite	<input type="checkbox"/> Thirst Increased/Decreased
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Urination Increased/Decreased
<input type="checkbox"/> Straining	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weight Problem
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Seems Depressed	<input type="checkbox"/> Seizures
<input type="checkbox"/> Eye Bulging/Bloodshot	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Stays Inside Only
<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Other _____

CURRENT MEDICATIONS/ALLERGIES _____
DESCRIBE YOUR PET'S DIET _____ TIME OF LAST MEAL _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges in the care of this animal. I understand that these charges must be paid at the time of release & that a deposit may be required.

Signature _____ Date _____

WHAT NUMBER IS BEST TO CALL ABOUT YOUR PET? _____

Method of Payment Cash Check Credit Card Crescent City Trade