



New Patient Registration

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 ensure the best care possible, please take the time to complete this form.

Contact information

Date: ____/____/____ Owner: _____

E-mail address(es): _____/____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____ Cell Phone: (____) _____

Spouse/Alternative contact: _____

Number of pets: Dogs _____ Cats _____ Others (please specify) _____

How did you learn of our clinic?

- Internet (If yes, please specify below.) Yellow Pages Other _____
- Our website / Other website / Web directory — Google, Yelp, etc. Other _____
- Other client(s) (If so, please list, so we can thank them.): _____

Pet health history (To list additional pets, or provide additional notes, please see other side of page.)

Pet's name: _____ Dog Cat Other _____ Lifestyle: Indoor Outdoor Indoor/Outdoor

Breed: _____ Color: _____ Birthdate: ____/____/____

Male Neutered —or— Female Spayed

Microchipped: Yes No If not, are you interested in the procedure? Yes No

Please **circle** any symptoms or problems you have noticed in your pet:

- | | | | | |
|------------------------------|----------------------------------|---------------------|---------------------------|-----------------|
| <i>Behavior Problems</i> | <i>Lack of Appetite</i> | <i>Sneezing</i> | <i>Bad Breath</i> | <i>Gagging</i> |
| <i>Diarrhea/Bloody Stool</i> | <i>Scratching</i> | <i>Shaking Head</i> | <i>Breathing Problems</i> | <i>Limping</i> |
| <i>Loss of Balance</i> | <i>Thirst/Urination Increase</i> | <i>Vomiting</i> | <i>Weakness</i> | <i>Scotting</i> |
| <i>Coughing</i> | <i>Other:</i> _____ | | | |

Do you use heartworm prevention regularly? Yes No If yes, what type? _____

Do you use flea/tick preventative regularly? Yes No If yes, what type? _____

Current medication(s): _____

Describe your pet's diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribed for, or treat the described pet(s). I assume the 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. I authorize service charge to be placed on my account if I fail to pay for services rendered at time of treatment.

Signature of the owner or responsible individual: _____

Drivers license number: _____ State: _____

Method of payment: Cash Check Visa MasterCard Discover American Express