



NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. Please take a few minutes to fill out this form as completely as you can and bring it to the animal hospital at the time of your appointment.

Date _____ **Owner's** Last name _____ First name _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
In case of emergency, please call _____ Email address _____

PET HEALTH HISTORY

Pet's name _____ Dog Cat Other _____ Breed _____
Approx. Date of Birth _____ Sex F M Spayed/Neutered? _____ Color _____
Vaccination History (Date and type of last vacc) _____

Reason for pet's visit _____
Pet's Health Insurance _____

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Thirst/Urination increased |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Limping | <input type="checkbox"/> Gagging | <input type="checkbox"/> Bleeding Gums |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Coughing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blood in the stool | <input type="checkbox"/> Depressed | <input type="checkbox"/> Weakness | _____ |
| <input type="checkbox"/> Blood in the urine | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Breathing problems | _____ |
- Prior illness _____ Prior surgery _____
Pet's current medications _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred 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. We do not do any payment plans. **No personal checks accepted!**

Signature of Client _____ Date _____

Method of payment Cash Major Credit Card Bank Card

* Driver License Number _____ State _____
(required)