



## Registration

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Owner \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer's Name & Address \_\_\_\_\_  
Veterinary clinic where your records are kept: \_\_\_\_\_  
(All records from Emergency Vets will be transferred to your regular veterinarian.)

## Patient History

Animal Name \_\_\_\_\_ Age \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered or Spayed \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Vaccination History (Please list what vaccines have been given as well as the date they were last administered.)  
\_\_\_\_\_  
Heartworm Prevention (Please state the type and date last given): \_\_\_\_\_  
Reason for this visit: \_\_\_\_\_  
When did you last see your pet completely "normal"? \_\_\_\_\_  
Does your pet have a history of any medical, surgical or trauma occurrences? \_\_\_\_\_  
\_\_\_\_\_  
Is your pet currently taking any medication? (Please list the name of any medication and how often it is given) \_\_\_\_\_  
\_\_\_\_\_  
Is your pet allergic to any medication, food or other substance? \_\_\_\_\_  
What is your pet's normal diet? \_\_\_\_\_  
When did your pet last eat or drink? \_\_\_\_\_  
\_\_\_\_\_

## PLEASE READ THE FOLLOWING AND SIGN

*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 of this animal and that a deposit will be required if hospitalization is necessary for medical or surgical treatment.*

OWNER/RESPONSIBLE PARTY \_\_\_\_\_

IF YOU PLAN ON PAYING FOR SERVICES BY CHECK, PLEASE NOTIFY STAFF PRIOR TO TREATMENT.