Pet Registration Form

Name________________________________Email_______________________________
Other Contact & Phone#____
Address____________________________City_____________Zip/State______________
Cell#__________________Home#__________________Work#____________________
How did you hear about us? ____
Has your pet ever had alternative health care? If yes, what treatments & where?
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PET #1 K9 ☐ Feline ☐ Equine ☐

Name: ______________________________

Female ☐ Spayed ☐ Male ☐ Neutered ☐

Date of Birth/Age____________________

Breed __________________Color_________

Current Medications: ________________

____

____

Last Vaccine & Date_________________

Pet's Current Diet____________________

____

Reason for your pets visit

____

____

PET #2 K9 ☐ Feline ☐ Equine ☐

Name: ______________________________

Female ☐ Spayed ☐ Male ☐ Neutered ☐

Date of Birth/Age: _____________________

Breed________________Color____________

Current Medications: ___________________

____

____

Last Vaccine & Date_____________________

Pet's Current Diet_______________________

____

Reason for your pets visit

____

____

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

PET#1 PET#2

PET#1	PET#2		PET#1	PET#2		PET#1	PET#2	
☐	☐	Behavior Problems	☐	☐	Lack of Appetite	☐	☐	Sneezng
☐	☐	Bleeding Gums	☐	☐	Limping	☐	☐	Increased urination
☐	☐	Breathing Problems	☐	☐	Loss of Balance	☐	☐	Increased Thirst
☐	☐	Coughing	☐	☐	Scooting	☐	☐	Vomiting
☐	☐	Diarrhea	☐	☐	Scratching	☐	☐	Weakness
☐	☐	Eye Bulging or Bloodshot	☐	☐	Seems Depresse	☐	☐	Pain_______________
☐	☐	Gagging	☐	☐	Shaking Head	☐	☐	Other_____________

Previous veterinarian(s) where past records could be obtained?

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I hereby authorize the veterinarian to examine, prescribe for, or treat, the above-described pet(s). I assume responsibitrity for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release. In the event legal proceedings become necessary to collect any amounts due, or enforce this account in any manner, the party in default agrees to pay applicable service fees, collection fees, and/or legal fees.

Signature of Owner ____