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?
_____
_____

PET #1 K9 ☐ Feline ☐ Equine ☐ PET #2 K9 ☐ Feline ☐ Equine ☐

Name: _____ Name: _____
Female ☐ Spayed ☐ Male ☐ Neutered ☐ Female ☐ Spayed ☐ Male ☐ Neutered ☐
Date of Birth/Age_____ Date of Birth/Age: _____
Breed _____Color_____Breed_____Color_____
Current Medications: _____Current Medications: _____
_____ _____
_____ _____
Last Vaccine & Date_____ Last Vaccine & Date_____
Pet's Current Diet_____ Pet's Current Diet_____
_____ _____
Reason for your pets visit Reason for your pets visit
_____ _____
_____ _____
Please check any symptoms or problems that you have noticed with your pet

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?
_____
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 _____