WELCOME

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 insure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Today's Date ____________________

Owner's Name ____________________ Spouse/Other ____________________

Address ____________________ City ____________ State ________ Zip ________

Home Phone ____________ Work Phone ____________ Cell Phone ____________

E-mail ____________________

SS #/SIN or D.O.B. ____________________ Driver's License # ____________________

Employer's Name & Address ____________________

At What Time ____________ And At What Phone Number ____________ Is It Best To Call About Your Pet?

In Case Of **EMERGENCY,** Please Call ____________________

Please Describe Other Animals In Household ____________________

Reason For Visit ____________________

Pet Health History

Pet's Name ____________________ Date Of Birth ____________

Type Of Animal ☐ Dog ☐ Cat ☐ Other

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Breed ____________________ Color ____________ Weight ____________

Vaccination History (Date And Type Of Last Vaccinations)

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

☐ Bad Breath
☐ Behavior Problems
☐ Bleeding Gums
☐ Breathing Problems
☐ Coughing
☐ Diarrhea
☐ Eye Bulging or Bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst and/or Urination Increased
☐ Vomiting
☐ Weakness
☐ Weight Problem
☐ Other ____________________

Current Medications ____________________

Describe Your Pet's Diet ____________________

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent ____________________ Date ____________

Method of payment ☐ Cash ☐ Check ☐ MasterCard ☐ VISA ☐ Other ____________

ITEM 014-2224/22990 PATTERSON OFFICE SUPPLIES 1.800.637.1140