



Welcome

We would like to thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have. To ensure the best possible care for your pet, please take a moment to fill out this form to the best of your ability.

Registration

Date _____

Client ID _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Please check next to your primary phone number)

Emergency Contact Name/Phone _____

Email Address _____ @ _____ .com

(Email used for our communication purposes only)

How did you hear about us? Hospital Sign Hospital Website Advertisement Referral Facebook

If a referral, please tell us whom we can thank: _____

If an advertisement or other, please elaborate: _____

What are your expectations of our practice and staff members: _____

Pet's Health History

Pet's Name _____ Birthdate _____ Previous Vet _____

Breed _____ Color _____ Species Canine Feline Other: _____

Sex Male Female

Has your pet been neutered or spayed? Yes No

If your pet is female and has not been spayed, when was her last heat cycle? _____

Any allergies or reactions to medications/vaccines: _____

Any medications or supplements: _____

Is your pet: Indoors Only Indoors Mostly Indoor/Outdoor Outdoors Mostly Outdoors Only

Has your cat been declawed? Yes No *If yes, what paws are declawed?* Front Front & Back

Please list any other pets you have at home (excluding reptiles, equine and avian) : _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet described above. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid, in full, at the end of services and that a deposit may be required prior to surgical treatment. There is also a \$35.00 charge for all returned payments and a driver's license must be provided for personal checks.

Medical Records Release, I _____, authorized SRAH to release vaccine history to any kennel or groomer, that may call for records. Any other information (medical history, lab work, doctor's written notes, etc.) will have to have a separate authorization at time of request.

Signature of Owner _____ Date _____