



PATIENT REGISTRATION FORM

Date _____

OWNER INFORMATION

Name _____ Spouse _____

Children (First names & ages) _____

Address _____ City _____

State _____ Zip _____

Email Address: _____

Phone 1: _____ (cell/home/work) Phone 2: _____ (cell/home/work)

Employer's Name & Address _____

Spouse's Employer's Name and Address _____

Spouse Phone: _____ (cell/home/work)

Emergency Contact & Phone Number: _____

Where did you first hear of us? Internet Hospital Sign Facebook Personal Recommendation*

*Who may we thank? _____

PET INFORMATION

Name	Dog/Cat/Other	Breed	Color	Age/DOB	Sex
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____				Male <input type="checkbox"/> Female <input type="checkbox"/> Altered? Y / N
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____				Male <input type="checkbox"/> Female <input type="checkbox"/> Altered? Y / N
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____				Male <input type="checkbox"/> Female <input type="checkbox"/> Altered? Y / N

PET HEALTH HISTORY

Who was your previous veterinarian where past records could be obtained if necessary: _____

Has your pet(s) been treated for any illness in the past year? If yes, please specify: _____

Is your pet currently on a special diet or medication? If yes, please specify: _____

List any known drug allergies: _____

What health care or grooming products are you currently using? _____

So that we are able to suit your individual needs – which do you feel most applies to you:

Check one

- (1) I feel that my pet is another member of our family.
- (2) I feel that my pet is just a pet.

Check one

- (1) I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- (2) I want good medical care for my pet, but there is a limit to what I am able to have done.
- (3) I want you to perform only the services that I request.

Check one

- (1) I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- (2) I would prefer you just summarize what has been done for my pet or what is needed.
- (3) I want my pet healthy, but don't need to know what has been done.

Check one

- (1) I prefer to be present when my pet is examined and treated.
- (2) I would rather not see my pet examined and treated.

Does your pet have any of the following issues that concern you? Please check all that apply:

- Excessive Barking Biting Shedding Straying from home House breaking
- Anxiety Smell/Odor Problems around children Excessive itching/scratching
- Wetting/Spraying in the house Overly rambunctious/overly enthusiastic
- Other _____

Would you be interested in learning how to improve your pet's manners? Yes No

FINANCIAL RESPONSIBILITY

I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner or Responsible Party

THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU!