

REGISTRATION AND HISTORY

RECORD# _____

Please print this form, fill it out, and bring it to the hospital at the time of your appointment. This will save you a considerable amount of time when you arrive at the hospital for your appointment.

Owner's Name (last) _____ (first) _____

Spouse/other _____

Children (first names and ages) _____

Street: _____ Apt. _____

City, State: _____ Zip: _____

Email address: _____

Home Phone: () -

Cell Phone: () -

Work Phone: () -

Occupation: _____ Employer: _____

How did you learn about our practice: Yellow Pages Local Community Book?

word of mouth sign I was referred by: _____

===== PETS HEALTH HISTORY =====

Pet's Name: _____

Species: Dog Cat Bird Rabbit Guinea pig Hamster

other _____

Sex: Male Neutered? Female Spayed?

Breed: _____ Color: _____ Birthday: _____

Vaccination history (date, type, where shots were obtained): _____

Has your pet been to a veterinarian before: _____

Does your pet have an ongoing medical condition? _____

Is your pet currently on medication(s)? _____

Are there previous records for your pet that we should obtain? _____

If yes, from which doctor or hospital? _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Thirst and/or urination increase |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Seems depressed | _____ |
| <input type="checkbox"/> Head shaking | <input type="checkbox"/> Sneezing | |

What do you feed your pet? _____

Are there any other pets in your household? _____

Is your pet: Indoors only? Outdoors only? Both?

Does your pet have any particular health and/or behavior issues about which you would like advice? _____