# New Patient Registration

Date:____________________

Last Name ______________________ First Name ______________________

Cell Phone ______________________ Home Phone ______________________

Address ______________________________________________

City/State/Zip ______________________________________________

Email ______________________ Date of Birth ______________________

Spouse/Co-Owner ______________________ Cell Phone ______________________

Employer ______________________ Work Ph. ______________________

Number of pets: Dogs ____ Cats ____ Other (specify) ______________________

How did you hear about us? ☐Recommendation ☐Website ☐Sign ☐Social Media ☐ Other (specify)

## PET HEALTH HISTORY

Name of pet ______________________ ☐Dog ☐ Cat ☐Male ☐Neutered ☐ Female ☐Spayed

Breed ______________________ Color ______________ Birthdate ______________________

Please check any symptoms your pet is experiencing.

| | | | |
|---|---|---|---|
| ☐Behavior Problems | ☐ Eyes Bulging or Bloodshot | ☐ Scooting | ☐ Sneezing |
| ☐ Bleeding Gums | ☐ Gagging | ☐ Scratching | ☐ Thirst and/or Urination |
| ☐ Breathing Problems | ☐ Lack of Appetite | ☐ Seems Depressed | ☐ Vomiting |
| ☐ Coughing | ☐ Limping | ☐ Shaking Head | ☐ Weakness |
| ☐ Diarrhea | ☐ Loss of Balance | | |

Vaccination History

| For Dogs | Date | For Cats | Other Medications: |
|---|---|---|---|
| ☒ Dewormed | | ☒ Dewormed | |
| ☐DA2PP | | ☐ FVRCP | |
| ☐ Bordetella | | ☐ FELV | |
| ☐ Rabies | | ☐ FEVAID Test | |
| ☐ Canine Influenza | | ☐ Flea Medication | |
| ☐ Flea and or Heartworm | | | |

**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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.**

**Signature of Owner**______________________________________________

# New Patient Registration

Name of pet #2 ______________________ ☐Dog ☐ Cat ☐Male ☐Neutered ☐ Female ☐Spayed

Breed ______________________ Color ____________ Birthdate ________________

Please check any symptoms your pet is experiencing.

☐Behavior Problems
☐ Bleeding Gums
☐ Breathing Problems
☐ Coughing
☐ Diarrhea
☐ Eyes Bulging or Bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst and/or Urination
☐ Vomiting
☐ Weakness

Vaccination History

| For Dogs | Date | For Cats | Other Medications: |
|---|---|---|---|
| ☒ Dewormed<br>☐DA2PP<br>☐ Bordetella<br>☐ Rabies<br>☐ Canine Influenza<br>☐ Flea and or Heartworm | | ☒ Dewormed<br>☐ FVRCP<br>☐ FELV<br>☐ FEVAID Test<br>☐ Flea Medication | |

Name of pet #3 ______________________ ☐Dog ☐ Cat ☐Male ☐Neutered ☐ Female ☐Spayed

Breed ______________________ Color ____________ Birthdate ________________

Please check any symptoms your pet is experiencing.

☐Behavior Problems
☐ Bleeding Gums
☐ Breathing Problems
☐ Coughing
☐ Diarrhea
☐ Eyes Bulging or Bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst and/or Urination
☐ Vomiting
☐ Weakness

Vaccination History

| For Dogs | Date | For Cats | Other Medications: |
|---|---|---|---|
| ☒ Dewormed<br>☐DA2PP<br>☐ Bordetella<br>☐ Rabies<br>☐ Canine Influenza<br>☐ Flea and or Heartworm | | ☒ Dewormed<br>☐ FVRCP<br>☐ FELV<br>☐ FEVAID Test<br>☐ Flea Medication | |

**AUTHORIZATION**

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**Signature of Owner**______________________________________________

# New Patient Registration

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**Signature of Owner**___________________________________________________________________________