



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

REGISTRATION

Owner _____ Date _____
 Address _____
 City _____ Zip Code _____ Date of Birth _____
 Place of Employment _____ Home Phone _____ Work Phone _____ Cell _____
 Spouse Name & Cell _____
 Emergency Contact Name _____ Phone _____
 E-Mail _____

How did you learn of our clinic?
 Yellow Pages Recommendation _____
 Sign Other _____

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____
 Breed _____ Color _____ Birthdate _____
 Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) _____

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"/> Sneezing
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or Urination Increased
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Eye Bulging or Bloodshot	<input type="checkbox"/> Seems Depressed	_____
<input type="checkbox"/> Gagging	<input type="checkbox"/> Shaking Head	

Pet's 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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Any unpaid balances are charged a service charge of 1.5 percent every 30 days. **Ohio State IC 1311.48 advises that any person who feeds or boards an animal under contract with the owner shall have a lien on such animal to secure payment for Treatment, Services, Food and Boarding furnished.**

Signature of Owner _____ Date _____

Method of payment Cash MasterCard Visa Discover American Express