**WELCOME TO**


## Client and Pet Registration

Date: _____

***We would like to thank you for giving us the opportunity to provide veterinary medical care to your pet(s). So that we may better serve you and get acquainted, please complete the following:***

**Mr.**
**Mrs.** **Owner(s)**_____ **Spouse's** _____
**Dr.** Last First Initial Last First Initial
**Ms.**

**Social Security number**_____ **Driver's License number**_____

**Children** _____
First names

**What would you prefer to be called?** _____ **Email address**_____

**Address**_____
Street Apt# City State Zip Code

**Phone(home)**_____ **(work)**_____ext_____ **(cell)** _____

**Which would you like as first contact number?**
_____

**Spouse's (work)**_____**ext**_____**(cell)** _____

**Place of employment** _____/_____**Address** _____
Employer Title

**Spouse's place of employment** _____/_____**Address** _____
Employer Title

**When/Where is the best time to reach you?** _____ **Phone #** _____

How did you first become aware of our hospital? ☐ Yellow pages ☐ Hospital Sign ☐ Other _____

Personal recommendation – Who may we thank?_____
Name

If you have been a client of a veterinary hospital before, what were your reasons for leaving?
_____
_____

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

**Check <u>One.</u>**
☐ I feel that my pet is another member of our family.
☐ I feel that my pet is just a pet.

**Check <u>One.</u>**
☐ I want the best medical care available for my pet.
☐ I want good medical care for my pet, but there is a limit to what I am able to have done.
☐ I want you to perform only the services that I have requested for today
**Health recommendation will be given for all pets to provide optimum care and health.**

**Check <u>One.</u>**

- ☐ 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.
- ☐ I would prefer you just summarize what has been done for my pet or what is needed.
- ☐ I want my pet healthy, but don't need to know what has been done.

**Check <u>One.</u>**

- ☐ When possible, I prefer to be present when my pet is examined and/or vaccinated.
- ☐ I would rather not see my pet examined and/or vaccinated.

**Who makes the final decisions for medical treatment**? _____

**All fees are due upon release of the patient. Method of payment is : Cash, Check, Visa, MasterCard, Discover Card and/or CareCredit.**

***We will provide you with a written estimate of fees prior to any diagnostics, treatments, surgery or hospitalization. A deposit prior to treatment will be required.***

**REASON FOR TODAYS VISIT? _____**

**~PET HEALTH HISTORY~**

**PET ONE:** NAME: _____ Dog □ Cat □ Other □ _____
BREED: _____ COLOR: _____
BIRTHDATE: _____/_____/_____ MALE □ Neutered □ **<u>or</u>** FEMALE □ Spayed □

Keeping pets healthy requires vaccines.
Is your pet current on the following? Rabies, Distemper, Parvo, Bordetella, Leukemia
Proof of these from your previous or current veterinarian /hospital is helpful.
Did you bring your pets records? Yes☐ No☐
Name and state of previous/current hospital/clinic _____
Phone number _____

**PET TWO:** NAME: _____ Dog □ Cat □ Other □ _____
BREED: _____ COLOR: _____
BIRTHDATE: _____/_____/_____ MALE □ Neutered □ **<u>or</u>** FEMALE □ Spayed □

Keeping pets healthy requires vaccines.
Is your pet current on the following? Rabies, Distemper, Parvo, Bordetella, Leukemia
Proof of these from your previous or current veterinarian /hospital is helpful.
Did you bring your pets records? Yes☐ No☐
Name and state of previous/current hospital/clinic _____
Phone number_____

## AUTHORIZATION

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID IN FULL AT THE TIME OF RELEASE AND THAT A DEPOSIT WILL BE REQUIRED FOR SURGICAL, HOSPITALIZED PATIENTS LEFT FOR MEDICAL TREATMENT.

*****Though we are open seven days a week we are not a 24 hour care facility. There is a period of time overnight that your pet will be unattended.******

**SIGNATURE OF OWNER / CO-OWNER _____Date _____**

♡ Patient Information Sheet ♡

Name of Patient: _____

Length of time owned:_____

How did you obtain your pet?: _____

Sex/Altered? When?: _____

Previous Hospital/Veterinarian: _____
Last Vet Visit?: _____

Does your pet have a microchip? Yes☐ No☐ Microchip number _____

Allergies/Medication/vaccine Reactions: _____

Housemates: Dogs #_____ Cats # _____ Other_____

Do you travel with your pet?: Yes☐ No☐ States visited_____

Time spent outside: _____

Groomer : _____
Special shampoos or grooming products used: _____

Kennel facility: _____
How often?: _____

Current Medications: _____
_____

Diet: _____
Amount Fed: _____ Frequency: _____

Prior Illness/Injuries: _____
Treatment(s): _____

Prior Surgery/Dentistry: _____

Describe the following:

Attitude: Good☐ Fair☐ Poor☐ Appetite: Good☐ Fair☐ Poor☐

Urine: Normal☐ Frequent☐ Excessive☐ Stool: Normal☐ Hard☐ Soft☐ Diarrhea☐

Any: Coughing☐ Sneezing ☐ Wheezing ☐ Vomiting ☐

Activity level: Normal☐ Energetic☐ Lazy☐ Lethargic☐ Hyperactive☐

Additional
Questions/Concerns:_____
_____
_____

♡ Patient Information Sheet for Pocket Pets and Reptiles ♡

Name of Patient: _____

Length of time owned:_____

How did you obtain your pet?: _____

Sex/Altered? When?: _____

Previous Hospital/Veterinarian: _____
Last Vet Visit?: _____

Housemates/cage mates: Yes ☐ No☐ Number of and species_____

Current Physical Condition: _____

Medications/Supplements/Vitamins/Treats: _____

Shedding Frequency: _____ Last time shed: _____

Time spent outside: _____

Has he/she shown steady growth and weight increase since acquisition – particularly over the last few months?
Yes☐ No☐

Describe the Cage/Habitat(size/construction materials etc):_____
_____
_____
Substrate/Litter used:_____
Temperature cage/habitat is kept at: _____ Humidity:_____

Describe Heating/lighting elements: _____

Cleaning products used:_____ Cleaning Frequency:_____

Diet: _____
Amount Fed: _____ Feeding schedule: _____
Average food consumption _____
Water system:_____

Prior Illness/Injuries: _____
Treatment(s): _____

Describe the following:

Attitude: Good☐ Fair☐ Poor☐

Appetite: Good☐ Fair☐ Poor☐

Urine: Normal☐ Frequent☐ Excessive☐

Stool: Normal☐ Hard☐ Soft☐ Diarrhea☐
Frequency _____

Questions/Concerns:_____
_____
_____