

New Client Registration Form

Please check one: New Client _____ Current Client- new pet _____

Name _____
Last First

Address _____
Street

City/State/Zip

Phone No. _____ Emergency
No. _____

Email _____

ABOUT YOUR PETS

PET # 1

Name _____

Date of Birth _____

Cat ___ Dog ___ Spayed/Neutered _____

Breed _____ Color _____

PET # 2

Name _____

Date of Birth _____

Cat ___ Dog ___ Spayed/Neutered _____

Breed _____ Color _____

PET HEALTH HISTORY

Please mark any symptoms/problems that you have noticed: (Please put a 1 or 2 to indicate which pet)

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavior Problems _____ | <input type="checkbox"/> Lack of appetite _____ | <input type="checkbox"/> Skin Problems _____ |
| <input type="checkbox"/> Bleeding Gums _____ | <input type="checkbox"/> Limping _____ | <input type="checkbox"/> Sneezing _____ |
| <input type="checkbox"/> Breathing Problems _____ | <input type="checkbox"/> Loss of Balance _____ | <input type="checkbox"/> Thirst/Urination Increased _____ |
| <input type="checkbox"/> Coughing _____ | <input type="checkbox"/> Lump/Bump _____ | <input type="checkbox"/> Vomiting _____ |
| <input type="checkbox"/> Diarrhea _____ | <input type="checkbox"/> Pain _____ | <input type="checkbox"/> Weakness _____ |
| <input type="checkbox"/> Eyes Bulging/Bloodshot _____ | <input type="checkbox"/> Scratching _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gagging _____ | <input type="checkbox"/> Seems Depressed _____ | |
| <input type="checkbox"/> Itching _____ | <input type="checkbox"/> Shaking Head _____ | |

Pet's current medications _____

Pet's Diet _____

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 the animal(s). I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payments accepted: Cash Check MC/Visa Discover AMEX Apple Pay