REGISTRATION

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If recommended, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pets: Dogs\_\_\_\_\_\_\_\_\_Cats\_\_\_\_\_\_\_\_\_\_\_\_Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policies You Should Know**

* **Leash Policy:** For the safety of everyone, we do not permit pets without leashes on our property.  The front desk receptionist has extra slip leashes for your convenience.  If you need a leash, please see the desk before getting your pet out of the car.
* **Vaccination Policy:** For the safety of all the animals visiting the practice, we ask that your pet be up-to-date on vaccinations. Please allow 10 days between vaccinations and using our boarding, surgical, and inpatient services.
* **Financial Policy: *We require payment at the time of service.***
We accept cash, check, debit card, American Express, Discover, MasterCard, and Visa.
* **Heartworm Testing Policy:** Heartworm is prevalent in this area. We require an annual heartworm test with a negative result to dispense heartworm prevention. If a dose of prevention is missed, you may be required to repeat the Heartworm Test before refills are authorized. ALL heartworm prevention prescriptions require a doctor approval.
* **Prescription Refill Policy:** It is important that you call ahead for any prescribed medication refills. Most items require a doctor approval before being filled. Please, understand sometimes things come up and it is possible a doctor will NOT be on site to approve your medication requests. Calling ahead is your best bet!

AUTHORIZATION

I have read through the above clinic policies and understand them in their entirety. I will do my best to uphold those policies as a valued client of this clinic.

PET HEALTH HISTORY

Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Neutered? Female Spayed?

Vaccination History: (Date of last vaccinations?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have a copy of vaccination records, the receptionist will be happy to make a copy for your file!**

Reason for your pet’s visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please explain any of the following symptoms or problems that you have noticed about your pet:***

|  |  |
| --- | --- |
| **CONCERN** | **EXPLAINATION (what are they doing? To what extent? For how long?)** |
| Behavioral Problems |  |
| Bleeding Gums |  |
| Breathing Problems |  |
| Coughing or Sneezing |  |
| Diarrhea or Vomiting |  |
| Eye Bulging or Bloodshot |  |
| Gagging |  |
| Lack of Appetite |  |
| Limping |  |
| Loss of Balance |  |
| Scooting |  |
| Scratching |  |
| Seems Depressed |  |
| Shaking Head |  |
| Thirst or Urination Increase |  |
| Weakness |  |
| Other |  |

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges must be paid at the time of release and that a deposit may be required for surgical or inpatient treatments. **I plan to pay for today’s visit with: Cash ❑ Check ❑ Debit/Credit ❑**