

# 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 \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How did you learn of our clinic? Yellow Pages Website Sign Animal Trustees Humane Society Town Lake Recommendation

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

Reason for visit \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_ Dog Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday or age \_\_\_\_\_

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.

Bad breath  
Breathing Problems  
Coughing  
Gagging

Lack of appetite  
Limping  
Diarrhea  
Scooting

Shaking Head  
Sneezing  
Vomiting  
Other

Scratching \_\_\_\_\_

## AUTHORIZATION

I am financially responsible for the patient named on this form and hereby authorize Animal Medical Center to examine, prescribe for, treat or perform surgery upon my pet(s). I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services in full at the time that the pet(s) are admitted into the hospital, when service is rendered or otherwise terminated. Deposits for services may be required prior to treatment.

X \_\_\_\_\_

Please check your preferred method of payment: Cash Check Master Card Visa Discover American Express Debit Care  
Credit