

# "Compassionate Pet Care at Home"



## Registration

TODAY'S DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BEST METHOD OF CONTACT     EMAIL     H. PHONE     W. PHONE     C. PHONE

WHAT TIME IS IT BEST TO CALL ABOUT YOUR PET? \_\_\_\_\_ AM or PM

DESCRIBE OTHER ANIMALS IN HOUSEHOLD \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

## Pet Health History

PET'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF ANIMAL     DOG     CAT     OTHER \_\_\_\_\_

SEX:     MALE     NEUTERED     FEMALE     SPAYED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

VACCINATIONS (Date and type of last Vaccination) \_\_\_\_\_

Please **check** any symptoms or problems that you have noticed about your pet

Bad Breath	Lack of Appetite	Thirst and/or Urination increased
Behavioral Problems	Limping	Vomiting
Bleedings Gums	Loss of Balance	Weakness
Breathing Problems	Scotting	Weight Problem
Coughing	Scratching	Other _____
Diarrhea	Seems Depressed	_____
Eye Bulging or Bloodshot	Shaking Head	_____
Gagging	Sneezing	_____

CURRENT MEDICATIONS \_\_\_\_\_

DESCRIBE YOUR PET'S DIET \_\_\_\_\_

## Consent

I hereby authorize the Veterinarian to examine, prescribe for or treat the above described pet. I assume full responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of service.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of payment     Cash     Check     MasterCard     Visa     Debit