



Welcome, we are glad you decided to sniff us out!

Thank you for giving us the opportunity to serve you and your pet. Dr. Alex and his team will be happy to answer any questions you have about your pet's health today. To ensure the best care possible, please take the time to fill out this form completely.

REGISTRATION

Owner's Name _____ Spouse/Partner's Name _____

Street _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Emergency Contact Name _____ Phone _____

How did you learn about our clinic? ☐ Facebook ☐ Sign ☐ Website ☐ Other _____
☐ Recommendation By Whom _____

Do you want to receive our monthly coupon and article by email? Yes or No

Can we use a photo of your pet in marketing materials? Yes or No

PET HEALTH

NOTE: The pet health and authorization section must be filled out for each pet being seen today.

Name of pet _____ ☐ Dog ☐ Cat ☐ Other _____

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed Current on Vaccines Yes or No

Pet's current medications _____

Reason for visit _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Gagging | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Eye bulging |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Scooting | or bloodshot |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Weakness | <input type="checkbox"/> Scratching | <input type="checkbox"/> Sneezing Thirst and/or |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Seems Depressed | Urination Increased |
| <input type="checkbox"/> Ear Issues | <input type="checkbox"/> Limping | <input type="checkbox"/> Shaking Head | |
| <input type="checkbox"/> Other _____ | | | |

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____