Your logo goes here

NEW PATIENT/PET REGISTRATION FORM

Your Name (Please Print): ____

Pet's Name: ______________________ Pet's Species: Dog Cat Breed: _____________________

Color: _________ Pet's D.O.B. (or Age): _______ ☐ Male ☐Female ☐ Spayed ☐ Neutered ☐ Intact

Are you the owner/legal guardian of this pet? Yes No Are you over the age of 18? Yes No

If yes, please provide name of any *other* Owner or Legal Guardian of this Pet: ______________________________

If not the Owner, how are you related? _________________ ***Please note we cannot treat a pet without owner's written consent. If you are not the owner, we cannot treat the animal without owner's permission.*

Client's Address:____

City: _____________________________ State: ______ Zip: _________ County: ____________________

Home Phone: (_______) _______- ___________ Cell: (_______) ________- _______________

Work Phone: (_______) _______- ___________ Email Address: _______________________________

In case of emergency, which method of contact do you prefer? _________________________________

Please list the names of other persons (if any) that you authorize us to release your pet to, for pickup, following treatment:
(*Please note that we will <u>not release your pet</u> to family members/neighbors,etc. <u>without their names appearing below</u> or by written consent from the pet's owner)*

1. ____________________________ 2.______________________________ 3. __________________________

Are there other animals in your household? Yes No If yes, what types of animals and how many?

How did you hear about us? ____

If someone referred you to us, please list their name here. ____

NOTE: We have trained staff to restrain your pet for examination or treatment. <u>If you elect to restrain your own pet</u>, please understand <u>we cannot be responsible for any injury incurred to you or your pet</u>.

_______ *Initial confirming the above information has been read and understood*

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THIS SECTION TO BE COMPLETED BY NEW CLIENTS

Reason for today's visit?:____

Please check **all symptoms or problems** you've recently noticed with your pet:

☐ Appetite Loss	☐ Gagging	☐ Sneezing	☐ Behavioral Change
☐ Gums Bleeding	☐ Increased Thirst	☐ Scratching	☐ Increased Coughing
☐ Breathing Problems	☐ Limping	☐ Loss of Balance	☐ Vomiting
☐ Depression	☐ Scooting	☐ Weakness	☐ Diarrhea
☐ Urination/Peeing	☐ Eye Problems	☐ Shaking Head	☐ Biting Self

NEW PATIENT HISTORY

Has your pet ever bitten someone? ___ attacked other animals? ___ lunged at/attacked people? _____

VACCINATION/WELLNESS HISTORY (If known, please check all vaccinations/tests that your pet has received **within the past 12 months**):

Dog:
- ☐ Rabies
- ☐ Distemper (DHLPP)
- ☐ Bordetella (Kennel Cough)
- ☐ Heartworm Test

Cat:
- ☐ Rabies
- ☐ Distemper (FVRCP)
- ☐ Feline Leukemia/FIV
- ☐ Feline Leukemia Vaccine (FELV)

Is your dog on heartworm prevention? ☐ YES ☐ NO

What is your pet's medical history (such as surgeries, ongoing medical issues, allergies, seizures, etc.):
____

Names of other veterinarians who have treated your pet?___________________________________

NOTE THAT PAYMENT IS DUE AT TIME SERVICES ARE RENDERED. NO BILLING OR INVOICES.

We accept the following forms of payment: Cash Credit Card Scratch Pay

Note: To help prevent and deter identity theft, we will **require a current driver's license or United States passport - to verify personal information and funds, if applicable.** ***Thank You!***

I understand that **FULL PAYMENT OF ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED TO MY PET** and I shall take full responsibility for payment of all charges related to the care of my pet prior to leaving the clinic or when services have been completed. I acknowledge and accept that, should payments not be honored by my bank, credit card organization or by pet insurance organization to The Healthy Pet Veterinary Clinic – for any reason – then I shall pay the full amount within five (5) days of demand – including all applicable costs incurred by Pet Veterinary Clinic (and its agents) for collection of those funds.

As indicated by my signature, I have read and acknowledged all information provided to me on this Registration Form (on these two pages) and verify the information I have provided is correct.

Client Signature: ____ Date: ________________