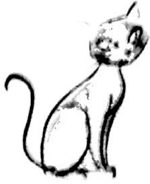

KIND ANIMAL HOSPTIAL

PLEASE PRINT ONLY

New Client Information

REGISTRATION

Date ______________________

Last Name ______________________ First Name ______________________

Mailing Address ______________________ Apt #, City , State, Zip Code ______________________

Email ______________________

Home Phone # ______________ Cell Phone # ______________ Work Phone # ______________

Spouse Name ______________________ Spouse Cell Phone # ______________________

Emergency Contact ______________________ Emergency Contact Phone # ______________________

How did you learn of our clinic? Please check (✓) Yellow Pages Recommendation

Sign Other ______________________

If recommended, by whom? ______________________

Number of pets: Dogs: ________ Cats: ________. Other: ________

Reason for Visit ______________________

Pet Information

Name of Pet ______________ Species ______________ Breed ______________

Birthdate ______________ Age ______________ Color ______________

________ Male ________ Neutered

________ Female ________ Spayed

Vaccination History (Date and type of last vaccination) ______________________

____

Please check (✓) any symptoms or problems that you have noticed about your pet.

- Behavior Problems
- Bleeding Gums
- Coughing
- Shaking Head
- Lack of appetite
- Breathing Problems
- Limping
- Scratching
- Eye Bulging or Bloodshot
- Gagging
- Loss of Balance
- Appears Depressed
- Scooting
- Thirst and/or Urination Increased
- Sneezing
- Weakness
- Diarrhea
- Vomiting

Other ______________________

Heartworm Prevention ______________________ Flea/Tick Prevention ______________________

Describe your pet's diet ______________________ Pet's Current Medications ______________________

AUTHORIZATION

I hearby authorize the veterinarian to examine, prescribe, and/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 of release and that a deposit may be required for surgical and/or other treaments.

______________________ Owner Signature

______________________ Owner Printed Name

______________________ Date

Method of Payment ♋ CASH ♋ MASTERCARD ♋ VISA ♋ OTHER ______________________

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