

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 insure the best care possible, please take the time to fill in this form completely. Thank You!

REGISTRATION

OWNER _____ DATE _____

SPOUSE OR SECONDARY OWNER (Authorized Signer) _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL _____

E-MAIL ADDRESS _____

Would you like to receive information such as laboratory results and reminders via e-mail? Yes No

HOW DID YOU HEAR ABOUT ROSEHILL VETERINARY HOSPITAL _____

PET HEALTH HISTORY

NAME OF PET _____ DOG CAT POCKET PET

MALE NEUTERED FEMALE SPAYED

BREED _____ COLOR _____ BIRTHDATE _____

VACCINATION HISTORY (Date and type of last vaccinations) _____

PLEASE CHECK ANY SYMPTOMS OR PROBLEMS THAT YOU HAVE NOTICED ABOUT YOUR PET.

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> BEHAVIOR PROBLEMS | <input type="checkbox"/> BLEEDING GUMS | <input type="checkbox"/> BREATHING PROBLEMS | <input type="checkbox"/> COUGHING |
| <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> EYE PROBLEMS | <input type="checkbox"/> LIMPING | <input type="checkbox"/> LETHARGIC |
| <input type="checkbox"/> PROBLEMS WALKING | <input type="checkbox"/> SCOOTING | <input type="checkbox"/> SCRATCHING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> SHAKING HEAD | <input type="checkbox"/> SNEEZING | <input type="checkbox"/> THIRST/URINATION INCREASE | <input type="checkbox"/> VOMITING |

PET'S CURRENT MEDICATION _____

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 OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL AND OR MEDICAL TREATMENTS. UPON RETURNING THIS FORM, PLEASE PROVIDE US WITH YOUR DRIVERS LICENSE.

ALL CHARGES ARE DUE AT THE TIME OF SERVICE

SIGNATURE OF OWNER _____

METHOD OF PAYMENT CASH CHECK VISA MASTERCARD DISCOVER