

PET REGISTRATION AND HISTORY

ANIMAL HEALTH CENTER

1261B South Main St

Salinas, CA 93901

Telephone: (831)422-7387

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 _____ Drivers License # _____
Address _____ Email Address _____
City, Zip Code _____
Spouse/ Co-Owner _____ D/L # _____
Home Phone _____ Work Phone _____ Other _____
Emergency Contact Name _____ Phone _____
How did you learn of our clinic? ☐ Yellow Pages ☐ Recommendation
☐ Sign ☐ Other _____
If recommended, by whom? _____
Number of Pets: Dogs _____ Cats _____ Other (specify) _____
Reason for visit _____

PET HEALTH HISTORY

Name of Pet _____ ☐ Dog ☐ Cat ☐ Other _____
Breed _____ Color _____ Birth date _____
☐ Male ☐ Neutered ☐ Female ☐ Spayed
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"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst and/or Urination increased |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Bulging or Blood Shot | <input type="checkbox"/> Seems Depressed | _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | _____ |

Pet's current medications _____

Describe your pet's diet: _____

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 treatment.

Signature of Owner: _____ Date: _____
Method of Payment ☐ Cash ☐ Check ☐ Mastercard ☐ Visa