

Welcome



Thank you.

The Monroeville Pet Hospital would like to welcome you, and to thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet. To ensure the best care possible, please take the time to fill out this registration form completely.

Please complete and print in all four boxes below.

Client no. _____

1. Today's Date _____

Pet Owner's Name _____ Mr. Ms. Mrs. Miss. Dr. Other _____

& Street Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____ Other Phone# _____

Name of Spouse or Significant Other _____ Emergency Contact _____

& Emergency Contact# _____ Pets in household: Dogs# _____ Cats# _____ Other _____

If recommended, by whom? _____ E-mail (for reminders) _____

PET / PATIENT HISTORY

2. Pet's Name _____ Dog or Cat; Male/ Neutered or Female/ Spayed

Breed _____ Color/Markings _____ D.O.B. or Age _____

Last rabies vaccination on _____ Last distemper vaccination on _____ Other Vaccination _____

Reason for today's visit or symptoms _____

Pet's current medications _____ Known allergies _____

Pet's current diet _____

Other known medical conditions _____

Previous veterinarian's name _____ & date last seen _____

3. Check other symptoms about your pet.

Lack of appetite Thirst increase Scooting

Coughing Weakness Breathing problem

Loss of balance Bleeding gums Behavior

Bulging eye Other or None

Note _____

4. → List All Responsible Agents and Phone Numbers ←

Please list the first and last names and phone numbers of all individuals who are authorized by you to make all medical and emergency decisions for this pet. If only you will have this authority, then write "NONE".

1. (First) _____ (Last) _____ Ph# _____

2. (First) _____ (Last) _____ Ph# _____

3. (First) _____ (Last) _____ Ph# _____

AUTHORIZATION

I authorize the veterinarian to examine, prescribe for, and treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal, whether I or a Responsible Agent (as listed in box "4" above) brings the pet in for treatment. I understand that payment is due when services or property is rendered, that there is a twenty-five dollar returned check fee, and that all uncollected debts are financed at 1.5% monthly. I also understand that a deposit may be required for surgical or dental treatment. Today's payment is by (check one of the following boxes)

Cash Check Visa Master Card Other _____

Owner's/Agent's Signature _____ & Date _____

Form Recorder's Initials: _____

Monroeville Pet Hospital use only. Notes _____