



## 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 not release your pet to family members/neighbors, etc. without their names appearing below 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. If you elect to restrain your own pet, please understand we cannot be responsible for any injury incurred to you or your pet.**

\_\_\_\_\_ *Initial confirming the above information has been read and understood*

**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:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Appetite Loss      | <input type="checkbox"/> Gagging          | <input type="checkbox"/> Sneezing        | <input type="checkbox"/> Behavioral Change  |
| <input type="checkbox"/> Gums Bleeding      | <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Increased Coughing |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping          | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Scooting         | <input type="checkbox"/> Weakness        | <input type="checkbox"/> Diarrhea           |
| <input type="checkbox"/> Urination/Peeing   | <input type="checkbox"/> Eye Problems     | <input type="checkbox"/> Shaking Head    | <input type="checkbox"/> 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**):

- |             |  |             |   |
|-------------|--|-------------|---|
| <b>Dog:</b> | <input type="checkbox"/> Rabies                    | <b>Cat:</b> | <input type="checkbox"/> Rabies                         |
|             | <input type="checkbox"/> Distemper (DHLPP)         |             | <input type="checkbox"/> Distemper (FVRCP)              |
|             | <input type="checkbox"/> Bordetella (Kennel Cough) |             | <input type="checkbox"/> Feline Leukemia/FIV            |
|             | <input type="checkbox"/> Heartworm Test            |             | <input type="checkbox"/> 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 The Healthy 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: \_\_\_\_\_