

**PET REGISTRATION FORM**

Pet's Full Name (include last name): \_\_\_\_\_

DOB: \_\_\_\_\_ If DOB unknown, estimated age: \_\_\_\_\_

Species: ( ) Canine ( ) Feline ( ) Avian ( ) Reptile ( ) Other (Please list, e.g.: Ferret, Rabbit, Guinea Pig, Hamster, Rat, Mouse, Chinchilla, Pig, Fish, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

( ) Male Neutered? \_\_\_\_\_

( ) Female Spayed? \_\_\_\_\_

Current medications (dose): \_\_\_\_\_

Current supplements (dose): \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Past medical conditions: \_\_\_\_\_

Primary Reason for visit? \_\_\_\_\_

Does your pet have allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Do you or anyone in your family have any life threatening allergies (e.g.: nuts, antibiotics, eggs, etc...)? \_\_\_\_\_

If yes, please list allergies: \_\_\_\_\_

I do hereby authorize the veterinarian to examine, prescribe for and treat the above pet. I assume responsibility for all charges incurred in the care of the animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be 18 years of age or older)

Print Name: \_\_\_\_\_