Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____
Address: _____ Zip Code: _____ Cell Phone: _____
Email: _____ Home Phone: _____
Secondary/Emergency Contact Name: _____ Phone: _____
How did you learn about our hospital? ☐ Sign Outside ☐ Website ☐ Facebook ☐ Recommendation ☐ Other:
If recommended, by whom: _____

Number of Pets Dogs: _____ Cats: _____ Other (Specify): _____
Reason for Visit: _____

PET#1 HEALTH HISTORY

Name of Pet: _____ ☐ Dog ☐ Cat ☐ Other: _____
Breed: _____ Color: _____ Birthdate: _____
☐ Male ☐ Neutered ☐ Female ☐ Spayed ☐ Undetermined
Vaccination History(date and type of last vaccinations): _____

PET#2 HEALTH HISTORY

Name of Pet: _____ ☐ Dog ☐ Cat ☐ Other: _____
Breed: _____ Color: _____ Birthdate: _____
☐ Male ☐ Neutered ☐ Female ☐ Spayed ☐ Undetermined
Vaccination History (date and type of last vaccinations): _____

Please check (✓) any symptoms or problems that you have noticed about your pet:

☐ Eye Bulging or Bloodshot	☐ Gagging	☐ Shaking Head	☐ Seems Depressed
☐ Behavioral Problems	☐ Lack of Appetite	☐ Sneezing	☐ Thirst and/or Urination Increased
☐ Bleeding Gums	☐ Limping	☐ Diarrhea	☐ Scratching
☐ Breathing Problems	☐ Loss of Balance	☐ Vomiting	☐ Weakness
☐ Coughing	☐ Scooting	☐ Other: _____	

Does your pet have any allergies? _____ Any vaccine reactions in the past? _____
Current medications: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred during each visit for the care of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or extensive services. Any balance that is unpaid will be billed to me at 30 days, if not paid within 14 days the balance will be forwarded to a collection agency, and I will incur a 33% collection fee for which I am liable, in addition to monthly finance charges. If the collection agency must pursue court action I will be liable for court costs and attorney fees.
I also grant Well Pet Animal Hospital permission to post my pet's picture and/or story on social media.

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