

Pet Registration and Medical History CID# <Number>



Owner:		CoOwner:	
Pet :		Species:	Breed:
Color/Markings:		Weight:	
Age:	or Birthdate:	M/F:	Spayed Neutered
Micro-chipped: Yes No			
Reason for today's visit (include symptoms/time periods):			
Other problems:			
Any aggression or fear of strangers/groomers/vets:			
Any allergies (meds/environment):			
Last vaccinations: (specific type & date)			
Where were vaccinations obtained?			
Medications (recent/current):			
Flea/tick/heartworm/parasite preventatives used:			
Date of last dental & dental products used:			
Pet food brand:		Any "people food"?	
Circle any recent changes in: Ears Bad Breath Scooting Weight Digestion Energy Movement Hair Skin			
Seen any: Fleas Ticks Parasites Worms Ear Mites			
Does your pet ever sleep in: Family Beds Bedrooms			
Does your pet go: Outdoors Roams Freely Wooded Areas Hunting Trips Play Parks			
Do you take your pet to: Groomer Boarding Facility Other Veterinarians On Trips			
Do you live in an apartment or house?			
What pets are in adjacent yards/common areas?			
Any heartworm positive animals or ponds/creeks in your neighborhood?			
What stray animals roam your neighborhood?			
Other areas where your pet contacts other animals or wildlife:			
Does your pet have an opportunity to drink from: Outdoor Puddles Ponds/Streams/Lakes			
Anything else the doctor should know about your pet?			

I have previously signed an Authorization/Release and I understand that payment is due at time of service.

Signature _____, Owner/Agent