



# Town and Country Veterinary Hospital

## Client Registration

New

### Registration

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### About our visit today

What brings you in today?

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How long has your pet been experiencing this issue?

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Is your pet current on all Vaccinations? \_\_\_\_\_ If no please list below all vaccinations needed:

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Is your pet on any Flea/tick or heartworm preventative? \_\_\_\_\_

Any Vomiting or Diarrhea? \_\_\_\_\_ If yes for how long? \_\_\_\_\_

Any Coughing or Sneezing? \_\_\_\_\_ If yes for how long? \_\_\_\_\_

Any itching? \_\_\_\_\_ If yes for how long? \_\_\_\_\_

Any limping? \_\_\_\_\_ if yes for how long? \_\_\_\_\_

Which leg is your pet limping on? \_\_\_\_\_

Have you noticed a decline in your pets activity level or any changes in behavior? \_\_\_\_\_ if yes, please explain:

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Do you have any other issues or concerns that were not listed above that you would like to talk to your doctor or Technician about today?

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What does your pet Eat? \_\_\_\_\_ How much/ and how often? \_\_\_\_\_

Does your pet get table scrapes or human food? \_\_\_\_\_ How often? \_\_\_\_\_

Have you noticed your pet drinking more water than usual?

Please List all current medications, supplements, or Over the Counter medications your pet is currently taking. Please included dosages:

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How did you hear about us?

- Online
- Referral
- Sign
- Other

If referred, by whom?

How many Pets in the home?

- Dogs: # \_\_\_\_\_
- Cats: # \_\_\_\_\_
- Other: \_\_\_\_\_

## Pet's Medical History

Name of Pet: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Spayed/Neuter  Unaltered

Vaccination History: Type and date given:

Please select any of the following symptoms you have noticed in your pet:

- |                                                    |                                           |                                                           |
|----------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Behavior Problems         | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing                         |
| <input type="checkbox"/> Bleeding gums             | <input type="checkbox"/> Limping          | <input type="checkbox"/> Thirst and/or Urination Increase |
| <input type="checkbox"/> Breathing Problems        | <input type="checkbox"/> Loss of Balance  | <input type="checkbox"/> Vomiting                         |
| <input type="checkbox"/> Coughing                  | <input type="checkbox"/> Scooting         | <input type="checkbox"/> Weakness                         |
| <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Scratching       | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Eye Bulging and bloodshot | <input type="checkbox"/> Seems Depressed  |                                                           |
| <input type="checkbox"/> Gagging                   | <input type="checkbox"/> Shaking Head     |                                                           |

Pet's current medications/Supplements: Please list name and dosage and frequency given:

Describe your pet's diet: what do they eat, how often, and how much

## Authorization

I, hereby, authorize the Veterinarian to examine, prescribe for, or treat the above-described pet. I assume full responsibility for all charges incurred in the care this animal. I also understand that these charges are to be paid in full at the time of release and that a deposit may be required for some surgeries, procedures, treatments, and other services provided for this animal.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_