

# WELCOME TO BLAKE VET!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take a moment to fill in this form completely. Thank you!

## REGISTRATION

Owner \_\_\_\_\_ SS# \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic: Yellow Pages/Sign/Recommendation/Other \_\_\_\_\_?  
If recommended, by whom? We'd like to thank them! \_\_\_\_\_

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other(specify) \_\_\_\_\_

Reason for visit \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_ Dog Cat Other (specify) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Male Neutered? \_\_\_\_\_ Female Spayed? \_\_\_\_\_

Vaccination History (Date and type of last vaccines) \_\_\_\_\_  
\_\_\_\_\_

Please circle any symptoms or problems you have noticed about your pet.

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

Pet's current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_

Method of payment Cash Check MasterCard Visa Other \_\_\_\_\_