

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 _____