



Patient Registration

Client Name: _____ Chart ID #: _____

Pet's Name: _____ Canine Feline Breed: _____

Birthdate (approximate if unknown): _____ Male Female Neutered/Spayed

Color/Markings: _____ Identification: _____

Vaccination history (please check those that apply and provide the date of the last vaccination):

- Rabies..... Date: _____
- Distemper-Parvo..... Date: _____
- Bordatella..... Date: _____
- Feline upper respiratory..... Date: _____
- Feline Leukemia..... Date: _____
- Other: _____ Date: _____

Last heartworm test: _____ On heartworm preventative

└─ If on HW preventative, which one? _____ Last dose: _____

Diet: _____

Drug Allergies: _____

Other medications your pet is taking? _____

Reason for visit: _____

Please mention any significant past medical illness, injury, or surgery: _____

Please check one of the following:

- I want the BEST medical care for my pet; please recommend and perform everything needed.
- I want good care for my pet, but there is a limit; please give me an estimate before proceeding.
- I want you to perform ONLY the services I request.