

# Client Registration / Information Update

All Creatures Veterinary Services

New Client  Existing Client  Previous Client  Update Only Account #: \_\_\_\_\_

Date \_\_\_\_\_

Owner: \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (C) \_\_\_\_\_

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

How did you learn about our hospital?  Internet  Website  Walk-in/Drive-by  Other \_\_\_\_\_

Referred By: \_\_\_\_\_ (we would like to thank them)

## Pet Information & Health History

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

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

Male  Neutered

Female  Spayed

Vaccination History (Date/Type of last vaccinations) \_\_\_\_\_

### **Reason for today's visit:**

Please check any symptoms or problems that you have noticed about 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 Increased |
| <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"/> Seems Depressed                   |
| <input type="checkbox"/> Eye Problems       | <input type="checkbox"/> Gagging          | <input type="checkbox"/> Shaking Head                      |
| <input type="checkbox"/> Other _____        |   |  |

### **Pet's Current Medications:**

### **Chronic Medical Condition(s):**

### **Describe your pet's diet:**

### **Activity Level:**

**Authorization: I, the undersigned, am over 18 years old and 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 and understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.**

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_