## <u>NEW PET/CLIENT REGISTRATION AND HISTORY</u> Dighton-Rehoboth Animal Hospital, Inc.

Thank you for the opportunity to care for your pet. Please take the time to fill in this form completely. Please Print. Is this your first visit as a <u>client</u> to our animal hospital? Y N Date REGISTRATION \_\_\_\_\_Spouse \_\_\_\_\_ Owner \_\_\_ (First) (Last) Address \_ (Street) (City) (State) (Zip) \_\_\_\_\_Work Phone (Mr., Mrs., Ms.) \_\_\_\_\_ Home Phone \_\_\_\_\_ Employer \_\_\_\_ Occupation\_\_\_\_ (Name) (Address) E-mail Address Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (Specify) Whom may we thank for referring you? Reason for Visit: PET HEALTH HISTORY Pet's Name \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_ Breed \_\_\_\_\_Coat Color \_\_\_\_Coat Length \_\_\_\_\_ Sex: 
Male 
Neutered 
Female 
Spayed Birth Date (or approximate age): \_\_\_\_\_ Who is (or has been) this animal's regular veterinarian? Vaccination History (Date and type of last vaccinations: \_\_\_\_ When was your dog last tested for heartworm disease?\_\_\_\_\_ Result: Is your dog currently on heartworm preventative? Has your cat ever been tested for Feline Leukemia? Result: \_\_\_ Is this an: indoor cat outdoor cat indoor/outdoor cat? When was your animal's last stool specimen checked?\_\_\_\_\_ Result: \_\_\_\_\_ 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 Date