Uniontown Veterinary Clinic

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

TODAY'S DATE:_____

REGISTRATION

OWNER'S NAME:_____ SPOUSE/OTHER:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____ WORK PHONE:_____ CELL PHONE:_____

E-MAIL:_____

SSN/SIN#:_____ DRIVER'S LICENSE:_____

EMPLOYER'S NAME & ADDRESS_____

AT WHAT TIME_____ AND AT WHAT NUMBER_____ IS IT BEST TO CALL ABOUT YOUR PET?

IN CASE OF EMERGENCY, PLEASE CALL:_____

PLEASE DESCRIBE OTHER AMINAL IN HOUSEHOLD:_____

REASON FOR VISIT_____

PET HEALTH HISTORY

PET'S NAME:_____ DATE OF BIRTH:_____

TYPE OF ANIMAL:_____ BREED:_____ COLOR:_____

SEX:_____ SPAYED/NEUTERED?_____

VACCINATION HISTORY (Date and Type of Vaccinations, or attach copy from previous care)

_____

_____

_____

Please check any symptoms or problems that you have noticed about your pet:

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

CURRENT MEDICATIONS:_____

DESCRIBE YOUR PET'S DIET:_____ TREATS (KIND/HOW OFTEN)_____

AUTHORIZATION

I hearby authorize the veterinarian to examine, prescribe for, or treat the above desribed pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment. Finally, I aknowledge that any returned checks will result in a $25.00 fee

Signature of Owner/Agent:_____ Date:_____

Method of Payment: Cash Check Matercard/Visa/Discover CareCredit

ADVERTISING FEEDBACK

Please tell us how you heard about our practice: WEBSITE PHONEBOOK OTHER:_____

REFERRED BY:_____