

Pet Registration and Health History

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 the time to fill in these forms completely. Thank you.

Date: _____ Owner's Name: _____

Spouse / Other Family: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail address: _____

Do you prefer to be contacted via: email, phone, postcard, regarding your pet's future health needs?

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

METHOD OF PAYMENT

Cash Mastercard Visa Personal Check

Driver's license state: _____ Number: _____

How did you first hear of our hospital?

- Feist Area Wide Hospital Sign
 Yellow Pages Website
 Newspaper Ad Other: _____
 Individual; whom may we thank? _____

Central Kansas Veterinary Center
Over Please

Pet Registration and Health History

Name of Patient: _____ Birthday/Age: _____

Breed: _____ Color: _____

Dog Cat Other: _____ Male Neutered Female Spayed

Other Pets: _____

Pet Health Insurance: No Yes: _____

Vaccination History (date and type of last vaccinations)

Feline

Distemper: _____

Leukemia: _____

FIP: _____

Rabies: _____

Canine

Distemper/Parvo: _____

Kennel Cough: _____

Leptospirosis: _____

Rabies: _____

Date of last flea treatment: _____ Product: _____

Date of last heartworm test: _____ Prevention: Year-round Seasonal None

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

Behavior Problems

Lack of appetite

Sneezing

Bleeding gums

Limping

Thirst / Urination Increased

Breathing Problems

Loss of balance

Vomiting or Diarrhea

Coughing

Scotting

Weakness

Eye Bulging or Bloodshot

Seems Depressed

Gagging

Shaking Head

Other: _____

Pet's Current Medications: _____

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. I understand that my animal must be current on vaccinations before undergoing elective surgery and that any animal carrying fleas will be treated for fleas at owners' expense prior to admission to the hospital.

I understand that anesthesia and surgery involve some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the phone numbers above, you are directed to make the decision you deem best for my pet. **I have read the foregoing, understand what it says, and agree.**

Signature of owner: _____ Date: _____

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