

Welcome

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 this form **completely**. This information is and will remain confidential. Thank you!

Registration

Please circle one of the two following options if it applies to you: Military Senior Citizen (55 years or older)

Owner: Last name: First name:

Any other name on account: EMAIL:

Address: Zip code:

City: State:

Home #: Work #: Cell #:

If you are planning on writing checks to Faithful Friends Animal Hospital for this visit or for future visits, we **require** that you provide us with your driver's license **and** your social security number. Please fill out the next section if you are going to be writing checks.

Driver's License: SS#

How did you hear about us? _____

Pet Health History

Name of Pet: Canine Feline Birthday:

Breed: Color/Markings:

Male Neutered Female Spayed

Please fill in the following vaccination dates:

Canine Distemper _____ Rabies _____ Please circle:
1 year 3 year

Feline Distemper _____ Rabies _____ 1 year 3 year

Any other vaccines given: _____

Please circle any symptoms that you have noticed about your pet.

Behavior Problems	Lack of Appetite	Sneezing	Bleeding Gums	Limping
Breathing Problems	Loss of Balance	Vomiting	Coughing	Thirst &/or Urination Increase
Scoting	Weakness	Diarrhea	Scratching	Eye Bulging/Bloodshot
Seems Depressed	Gagging	Shaking Head	Other _____	

Pet's current medications:

Pet's Current diet:

Anything additional that we need to know:

Authorization

I hereby authorize the veterinarian(s) to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal described above. I also understand that these charges must be paid at the time of release and that a deposit may be required for surgical or non-surgical treatment(s). A \$20.00 fee will be added for all insufficient fund checks returned. Should an account be turned over to a collection agency, a \$100.00 fee shall be added to the account. By signing below, you confirm that the above information is correct and you agree to our payment policies.

Signature of Owner: Date:

Thank you for your business!