Welcome to Boyd's Creek Animal Hospital

Boyd's Creek Animal Hospital

Accredited Practice AAHA American Animal Hospital Association — *Dedicated to Veterinary Excellence*

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 ensure the best care possible, please take a moment to fill out this form completely. Thank you!

Registration

Date: _____

If paying by check, please provide either SS# or Driver's License #: _____

Name (Mr., Mrs., Ms.): _____ (last, first)

Address: _____ Street City, State ZIP

County of Residence: _____

Home Phone: _____ E-mail address: _____

Employer: _____ Work Phone: _____

Spouse (Mr., Mrs., Ms.): _____ (last, first) Cell Phone: _____

Spouse Work Phone: _____ Emergency Contact Name & No.: _____

How did you learn of our hospital? ❑ Yellow Pages ❑ Yellow Book ❑ Web Page ❑ Sign ❑ Other _____ ❑ Recommendation, by whom? _____

Would you prefer your pet's reminders & health information be sent by ❑ email or ❑ mail?

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for Visit: _____

Pet Health History

Name of Pet _____ ❑ Dog ❑ Cat ❑ Other _____ Pet's Age/B'day _____

❑ Male - Neutered? _____ ❑ Female - Spayed? _____ Breed _____ Color _____

Vaccination History (Date and type of last vaccinations) _____

Is your pet microchipped? ❑ Yes ❑ No If yes, Registration Number if known: _____

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

- ❑ Behavioral Problems
- ❑ Bleeding Gums
- ❑ Breathing Problems
- ❑ Coughing
- ❑ Diarrhea
- ❑ Eyes Red
- ❑ Gagging
- ❑ Lack of Appetite
- ❑ Limping
- ❑ Loss of Balance
- ❑ Scooting
- ❑ Scratching
- ❑ Seems Depressed
- ❑ Shaking Head
- ❑ Sneezing
- ❑ Thirst and/or urination increased
- ❑ Vomiting
- ❑ Weakness
- ❑ Other

Pet's Current Medication and Supplements: _____

Please inform our staff members of your pet has ever shown aggression toward people or pets.
Please list additional pets and their health history on the back of this form.

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 _____

Method of Payment ❑ Cash ❑ Check ❑ MasterCard ❑ Visa ❑ Other _____

Warm Hearts for Cold Noses

For Office Only: Entered in Computer _____ Photo _____ Called for Records _____ Welcome Card Sent _____ Staff Initials