



# Welcome to Centerline Veterinary Hospital

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. Thank you!

## REGISTRATION

Date \_\_\_\_\_

Owner \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ DL# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic? ☐ Yellow Pages ☐ Recommendation  
☐ Sign ☐ Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

Reason for visit \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

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

- ☐ 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
- ☐ Other \_\_\_\_\_

Pet's current medications \_\_\_\_\_

Describe 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 for surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment ☐ Cash ☐ Check ☐ MasterCard ☐ VISA ☐ Other \_\_\_\_\_