



Fairmont Veterinary Hospital

Registration

WELCOME!



Date _____

Owner _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Work # _____

Cell # _____ Can we text you? _____

Email Address _____ Drivers License/or Social _____

How did you learn about our hospital? Yellow Pages Sign Recommendation Other

If referred, by whom _____

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

Reason for Visit _____

Pet History

Name of pet _____ Dog Cat Other

Breed _____ Color _____ Birthdate/Age _____ Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) _____

What Flea/Heartworm preventative are you currently using _____ How often _____

Please Circle (O) if you have noticed any of the following symptoms or problems with your pet.

Behavioral Problems Bleeding Gums Breathing problems Coughing Gagging Weakness

Eye bulging or bloodshot Lack of appetite Limping Diarrhea Vomiting Scooting Scratching Loss of

balance Seems depressed Shaking head Sneezing Increased Thirst and/or urination

Other _____

Please list any /all current medications your pet is on _____

Your pet's current diet _____

Authorization

I hereby authorize the veterinarian at Fairmont Veterinary Hospital to examine, prescribe for and/or treat the above described pet. I assume full responsibility for all charges accrued for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of 1/2 the estimated cost may be required for surgical treatment.

Signature of Owner _____ Date _____