

Welcome to 4 Paws Veterinary Care

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill this form completely. We pride ourselves on tailoring the medicine we provide to the lifestyle of your pet.

****State and federal law require this form to be completed by a person over the age of 18****

Date: _____

REGISTRATION

Who may we thank for your referral? _____

Human Companion's Name: _____ Secondary Human Companion's Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Home Phone #: _____ ☐ Cell Phone #: _____ ☐ Co-Owner Phone #: _____ ☐

Employer: _____ Work Phone #: _____

Email: _____ Best time to call you regarding your pet's care: _____

**** To access your pet(s) personal pet portal**

Anyone other than owner/co-owner authorized to make medical decisions for your pet(s): _____

Preferred method of payment: Cash Check Credit Care Credit

PET HEALTH HISTORY

Pet's Name: _____ Species: _____ Breed: _____

Date of birth: _____ Sex: Male ☐ Neutered ☐ Female ☐ Spayed ☐

Color: _____ Vaccinations up to date: Y ☐ N ☐

****please provide vaccine history**

Please mark Yes or No regarding your pet

Any known allergies? Y ☐ N ☐
Take any medication? Y ☐ N ☐
On **year round** flea / tick preventative? Y ☐ N ☐
On **year round** Heartworm Preventative? Y ☐ N ☐
Around pet's other than yours? Y ☐ N ☐
Around Children? Y ☐ N ☐
Been microchipped? Y ☐ N ☐
Swim in lakes/streams/pool? Y ☐ N ☐
Go hiking or camping? Y ☐ N ☐

Please check any that apply to your pet

☐ Scratching ☐ Behavior problems ☐ Itching
☐ Coughing ☐ Loss of appetite ☐ Vomiting
☐ Weakness ☐ Weight gain/loss ☐ Scooting
☐ Painful /Stiff ☐ Change in defecation ☐ Increased thirst
☐ Nervous ☐ Change in urination ☐ Changes in breathing
☐ Bad breath

Please check any services you may utilize

☐ Training ☐ Weekend/Evening hrs ☐ Boarding / Day care
☐ Grooming ☐ Referral Rewards ☐ "Drop-off" Exams

How many hours does your dog / cat spend outside? _____

****The above information will be discussed during your pets Preventive Care Exam.**

AUTHORIZATION

To help prevent the spread of infectious disease, all pets with fleas will be given flea treatment at the Human Companion's expense. All admitted pets must be current on all vaccines. DUE TO STATE LAW AND INSURANCE REQUIREMENTS all dogs and cats must be current on Rabies Vaccination. Vaccinations can be updated at the time of your appointment. INITIAL _____.

I hereby authorize the veterinarian to examine, prescribe or treat the above described pet. I assume full responsibility for all charges incurred in the care of this pet. I understand that charges must be paid in full at the time of release unless approved payment arrangements are made in advance and any treatments may require a deposit. INITIAL _____.

I grant to 4 Paws Veterinary Care, its affiliates, representatives and employees the right to take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that 4 Paws Veterinary Care may use such photographs of me and/or my pet as well as my pet's story with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, education and Web content.

☐ I agree to the above and that photos may be taken of me and / or my pet(s)

☐ I agree to the above and that photos may be taken of my pet

☐ I do not agree to the above and photos may NOT be taken of me and / or my pet(s)

Printed Name: _____ Signature: _____ Date: _____