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. *Thank You!*

DOCTORS PET CLINIC

25182 Hancock Avenue • Murrieta, CA 92562
Tel: 951-698-7387 • Fax: 951-698-4492

REGISTRATION

Owner ______________________ Spouse ______________ Date _____ / _____ / _____

Address ______________________________ Your Date of Birth _____ / _____ / _____

City ____________ State ____ ZIP __________ Dr. Lic. Num & State ______________

Home Phone ___________ Cell Phone ____________ E-mail Address ______________

Emergency Contact Name ___________ Relation ___________ Phone ______________

How did you learn of our clinic? ☐ Verizon Yellow Pages ☐ Other Yellow Pages ☐ Sign/ Drive by

☐ Recommendation (by whom?) ______________________ ☐ Other ______________

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

Reason for today's visit ____

PET HEALTH HISTORY

Name of pet ____________________ ☐ Dog ☐ Cat ☐ Other __________ Color __________

Breed ____________________ Birth Date __________ ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (date and type of last vaccinations) ______________________

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

☐ Behavior Problems ☐ Lack of Appetite ☐ Sneezing ☐ Bleeding Gums
☐ Limping ☐ Breathing Problems ☐ Loss of Balance ☐ Vomiting
☐ Coughing ☐ Scooting ☐ Weakness ☐ Diarrhea
☐ Scratching ☐ Shaking Head ☐ Seems Depressed ☐ Thirst and / or Urination Increased
☐ Gagging ☐ Eye Bulging or Bloodshot ☐ Other ______________________

____

____

Pet's current medications ____

____

Describe your pet's diet ____

AUTHORIZATION

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR AND 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 certain services.

Signature of Owner ______________________________ Date ______________