ATLANTA HUMANE SOCIETY VETERINARY CENTER

REGISTRATION FORM

Thank you for choosing our clinic for your pets. To better serve you, please complete this form.

CLIENT (OWNER) INFORMATION

OWNER:

HOME #: WORK #: CELL #:

ADDRESS: COUNTY:

CITY: STATE: ZIP CODE: EMAIL ADDRESS:

PET INFORMATION

PET'S NAME: SPECIES: DOG CAT BREED:

COLOR: AGE: SEX: MALE FEMALE

SPAYED/NEUTER: YES NO WEIGHT: HOW LONG HAVE YOU HAD THIS PET?

HOW DID YOU OBTAIN THIS PET:

PREVIOUS VETERINARY CLINIC:

PET'S MEDICAL HISTORY PER OWNER

Has your pet had:			***Comments:***
1. A rabies vaccination within the past year?	YES	NO	
2. Other vaccinations within the past year?	YES	NO	
3. Medication for a current medical problem?	YES	NO	
4. Any previous medical illness?	YES	NO	
5. Any previous injury?	YES	NO	
6. Contact with an animal with a known illness?	YES	NO	
7. A feline leukemia test or FIV test (if a cat)?	YES	NO	
8. Current heartworm preventative? What brand?	YES	NO	
9. Current flea control treatment? What type?	YES	NO	
10. A microchip implanted? What brand?	YES	NO	
Have you noticed any:			
11. Cough, shortness of breath, or tiring easily?	YES	NO	
12. Change in appetite or eating habits?	YES	NO	
13. Vomiting, diarrhea, or constipation?	YES	NO	
14. Increased thirst of excessive urination?	YES	NO	
15. Blood in urine, stool or other discharge?	YES	NO	
16. Unusual attitude, fainting or seizure?	YES	NO	
17. Swelling, limping, or pain on moving?	YES	NO	
18. Itching, hair loss, sneezing, eye/ear discharge?	YES	NO	

What brings you to the clinic today:

Would you like literature regarding 24 Petwatch Microchip Services? YES NO

Other comments:

I am ❍ the owner of the above pet ❍ acting as agent* for the owner and accept full financial responsibility. I give permission to proceed with any medical and/or surgical therapy, as needed, as discussed and agreed upon with the doctor.

SIGNATURE: DATE:

*Agent of owner must note their full name, complete address, home and work telephone numbers on reverse side.

PAYMENT IS EXPECTED AT TIME OF SERVICES.

REVISED 05/2015