

Welcome to Stoneside 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

Owner's Name:	_____	Spouse/Other:	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Home Phone:	_____	Work Phone:	_____	Cell Phone:	_____		
E-Mail:	_____	County of Residence:	_____				
Employer's Name & Address:	_____						
In case of EMERGENCY, please call:	_____						
Describe other animals in the household:	_____						
How did you hear about us?	() Driving By () Phone Book () Flyer () Website () Other internet site () Facebook						
() Friend (if so, whom may we thank?)	_____			() Other:	_____		

Pet Health History

Pet's Name:	_____	Date of birth (or approximate age):	_____		
Type of animal:	() Dog () Cat () Other: _____				
Sex:	() Male () Neutered () Female () Spayed	Breed:	_____	Color:	_____
Please check any symptoms or problems that you have noticed about your pet:					
() Bad Breath	() Behavior Problems	() Coughing/Gagging	() Diarrhea	() Lack of appetite	
() Limping	() Loss of Balance	() Scooting	() Scratching	() Shaking Head	
() Sneezing	() Thirst Increased	() Urine Increased	() Vomiting	() Weight Problem	
() Other:	_____				
Current medications (including heartworm prevention/flea control):	_____				
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 understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent: _____ Date: _____

Method of payment: () Cash () Check () MasterCard () Visa () Other: _____