WELCOME TO
ARBOR HILLS VETERINARY CENTRE

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best possible care, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____

Owner _____ SS# _____
First Middle Initial Last

Drivers License _____ Date of Birth _____
State Number

Spouse/Other _____ SS# _____
First Middle Initial Last

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____ Work Phone _____

What number would you like to be the primary number we call _____

E-mail Address _____ ☐ I would like to receive correspondences via e-mail.

We communicate with our clients on vaccine reminder through email.

How did you learn of our facility? ☐ Yellow Pages ☐ Recommendation ☐ Sign ☐ Other _____

If recommended, by whom? _____

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

PET HEALTH HISTORY

Name of pet _____ ☐ Dog ☐ Cat ☐ Other _____

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Female Is your pet neutered: Yes No

Pets previous veterinarian/hospital _____

☐ Please contact the above facility and have our pets records transferred.

Vaccination history (Date and type of last vaccinations) _____

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

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

Pet's current medications _____

Describe your pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian (and assistants the doctor may designate) to examine, prescribe for, or 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.

Signature of Owner/Agent _____ Date _____