

Welcome to Inman Animal 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 out this form completely. Thank You!

REGISTRATION

PLEASE PRINT _____ Date: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Spouse Work Phone: _____ E-Mail Address: _____

Emergency Contact Name: _____ Phone: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog _____ Cat _____

Breed _____ Color _____ Age _____ Birthdate _____

Male _____ Neutered _____ Female _____ Spayed _____

Vaccination History (Date and type of last vaccination) _____

Reason for today's visit _____

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

<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or Urination Increased
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gagging	<input type="checkbox"/> Seems Depressed	
<input type="checkbox"/> Eyes Bulging or Discharge	<input type="checkbox"/> Shaking Head	

Pet's Current Medications: _____

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 the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner: _____ Date: _____