



## Customer and Pet Registration Form

DATE \_\_\_\_\_

PET OWNER'S NAME \_\_\_\_\_

SPOUSE/ PET'S OTHER PRIMARY CARETAKER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ D.O.B. \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

PET EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF PERSON PRESENTING PET IF OTHER THAN OWNER \_\_\_\_\_

PHONE NUMBER OF PERSON PRESENTING PET IF OTHER THAN OWNER \_\_\_\_\_

IF SOMEONE REFERRED YOU TO US, WHOM CAN WE THANK? \_\_\_\_\_

PLEASE NOTE THAT RANCHO NIGUEL ANIMAL HOSPITAL IS UNABLE TO EXTEND CREDIT DUE TO THE NATURE OF OUR BUSINESS AND THE VOLUME OF PATIENTS SEEN AT OUR HOSPITAL. **THEREFORE, IN ALL CASES PAYMENT IS DUE AT THE TIME SERVICES ARE PROVIDED.** TO ASSIST YOU IN MAKING PAYMENTS, WE ACCEPT CASH, CHECKS, VISA AND MASTERCARD. WE WILL GLADLY PROVIDE AN ESTIMATE FOR ANY SERVICE UPON REQUEST. THE UNDERSIGNED WARRANTS THAT HE/SHE IS THE OWNER OF, AND/OR THE RESPONSIBLE PARTY FOR THE ANIMAL DESCRIBED AND IS RESPONSIBLE FOR ALL CHARGES INCURRED. RANCHO NIGUEL ANIMAL HOSPITAL IS NOT A 24 HOUR FACILITY AND OVERNIGHT SUPERVISION IS NOT PROVIDED FOR PETS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YOUR PET'S MEDICAL HISTORY** (PLEASE COMPLETE TO THE BEST OF YOUR ABILITY)

PET'S NAME \_\_\_\_\_

CIRCLE ONE:            DOG                    CAT                    OTHER

CIRCLE ONE:            MALE                    FEMALE                    SPAYED OR NEUTERED?    YES                    NO

BREED \_\_\_\_\_ COLOR(S) \_\_\_\_\_

APPROXIMATE AGE \_\_\_\_\_ BIRTH DATE IF KNOWN \_\_\_\_\_

PREVIOUS VETERINARY HOSPITAL \_\_\_\_\_

PRIOR DIAGNOSED ILLNESSES \_\_\_\_\_

PRIOR SURGERY IF ANY \_\_\_\_\_

IS YOUR PET ON ANY MEDICATIONS?            YES                    NO

PLEASE LIST MEDICATIONS IF ANY \_\_\_\_\_

IS YOUR PET ALLERGIC TO ANY VACCINES OR MEDICATIONS?            YES                    NO

PLEASE LIST MEDICATIONS PET IS ALLERGIC TO IF ANY \_\_\_\_\_

DOES YOUR PET HAVE A MICROCHIP?            YES                    NO

WHEN WAS YOUR PET'S LAST PROFESSIONAL DENTAL CLEANING? \_\_\_\_\_

LAST FECAL TEST? \_\_\_\_\_

PLEASE LIST YOUR PET'S FLEA, HEARTWORM, INTESTINAL PARASITE AND TICK PREVENTION PRODUCTS \_\_\_\_\_

PLEASE LIST THE DATE OF YOUR PET'S LAST VACCINE BELOW:

DOGS: RABIES \_\_\_\_\_ DISTEMPER/PARVO \_\_\_\_\_ BORDETELLA \_\_\_\_\_

CATS: RABIES \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_