



New Patient Registration

Owner Information

First Name: _____ Last Name: _____ (Primary Owner)
First Name: _____ Last Name: _____ (Secondary Owner)
Cell Phone (Primary): _____ Cell Phone (Secondary): _____
Email: _____
Address: _____
Primary Veterinary Clinic: _____ Veterinarian Name: _____

Patient Information

Name: _____ Date of Birth: _____
Species (Dog, Cat, Other): _____ Breed: _____
Sex (Female, Male, Spayed/Neutered): _____
Reason for Visit : _____

What is the sleeping breathing rate over a minute of your pet? :

Current medications (name, strength, dosage, and frequency)

* Examples:

1) furosemide, 20 mg, 1 tablet, twice a day

2) pimobendan, 5 mg, 1/2 tablet, twice a day

** Please bring all medications and drug bottles

Diet and supplements:

Other medical conditions your pet is currently being treated for:

* By submitting this form, you are agreeing to electronically sign. I certify that I am over the age of 18 and am the legal owner or authorized agent of the legal owner of the pet being presented for veterinary medical care. I understand and agree that all above information is accurate to the best of my knowledge. I understand that by signing this document I am responsible for all fees related to service and treatment. I understand that all fees are due upon release of the pet unless specific arrangements are made with hospital management before discharge. I understand that any balance not paid within 5 days of the release date will be considered late and will incur a late fee of 10% of balance due. The late fee will be charged on the first of every month thereafter, until the balance and all fees have been paid in full.