



Welcome to Valley Ranch Pet Clinic



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may 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

Name _____ Driver's License # (for check writing privileges) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? _____ Referred by _____

Number of pet's: Dogs _____ Cats _____ Other (specify _____)

Reason for today's visit _____

PET HEALTH HISTORY

Pet's name _____ Breed _____ Color _____

Birth Date _____ Sex _____ Neutered/Spayed _____

Is your pet current on vaccines? _____ Name and phone number of last vet _____

Is your pet on any medications? _____

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

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

Please describe your pet's diet: _____