



New Patient Registration

- Pet's Name: _____
- Species:
 - Dog
 - Cat
 - Rabbit
 - Other: _____
- Breed: _____
- Age / Birthdate: _____
- Gender: _____
- Color / Markings: _____

Please give approximate dates for the following:

| Dogs | Cats |
|---|---|
| Heartworm Test: _____ (date of last test) | Feline Leukemia/FIV: _____ (date of last test) |
| Heartworm Preventive: Yes or No (please circle) What do you use: | Heartworm Preventive: Yes or No (please circle) What do you use: |
| Distemper/Parvo Vaccine: | FVRCP Vaccine: |
| Lyme Vaccine (if given): | FIV Vaccine (if given): |
| Lepto Vaccine (if given): | Leukemia Vaccine (if given): |
| Rabies Vaccine: _____ (date last given) | Rabies Vaccine: _____ (date last given) |

- Do you have pet health insurance? Yes or No
You are responsible for filing the insurance. Full payment is required at time services are rendered.
- How long have you owned your pet? _____
If new pet, where did you acquire him/her? _____
- Where is your pet housed? _____
- Intended purpose of your pet?
 - Pet
 - Show
 - Sport _____
 - Hunting _____
 - Guard
 - Other _____
- For intact females, when was your pet's last heat cycle? _____
- Is your pet spayed or neutered? Yes or No

- What is your pet's current diet (*include treats*)? _____

- Does your pet have any food allergies? Yes or No
What are they? _____
- Has your pet had any bad reactions to a medication? Yes or No
What was the medication and how did your pet react?

- Does your pet have contact with other animals? Yes or No
- Is your pet microchipped? Yes or No
- Is your pet currently receiving any medications? Yes or No
What are they?

- Has your pet had any major illness, injury, or surgery previously? Yes or No
Explain:

- Is your pet currently coughing or sneezing? Yes or No
- Has there been a recent change in your pet's appetite? Yes or No
- Has your pet lost or gained weight recently? Yes or No
- Is your pet currently vomiting or have diarrhea? Yes or No
- Have there been any recent changes in your pet's urinary habits? Yes or No
Explain: _____
- Have you noticed a change in the amount of water your pet is drinking? Yes or No
- Any specific questions or concerns for the doctor?

Statement Of Ownership and Responsibility

By checking below I certify that I am responsible for any charges incurred by my pet(s) while in the care of the doctors at Airport Animal Hospital and that charges are due and payable at the time of services. I authorize and direct the veterinarians at Airport Animal Hospital (and their designated assistants) to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, sedate, anesthetize, perform therapeutic procedures and/or surgery as their judgment may dictate to be advisable for the patient's well being. I understand that I will be advised as to the nature of the procedures and the risks involved. I understand that no warranty or guarantee will be made as to the results or cure.

Signature _____ Date _____