



# Hamilton Animal Hospital



## New Patient Registration

### Owner Information

Name (Last Name First):		
Address:	City, State, Zip:	
Home Phone: ( )	Work: ( )	Cell: ( )
Email Address:		
How did you learn about our practice:		
Primary reason for today's visit:		

### Pet Information

Pet's Name:	Species: Dog	Cat	Other
Age and Birth date:	Breed:	Color:	
Age Obtained:	From: Friend	Breeder	Pet Shop Shelter
Sex: Male	Female	Altered: Yes	No At what age:
Any Current Medications:			
Do you use any flea/tick or heartworm prevention for your pet: Yes No			

### Pet's History

Distemper/ DHPP Date:	Bordetella/BBP:
Lyme /Borreliia:	Rabies vxn:
Heartworm/Lyme Test Date:	Results:
Feline Leukemia Test Date:	Results:
Prior Illness:	Previous Dental:
Prior Surgery:	

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

Behavior Problems	Bleeding Gums	Breathing problems	Coughing
Diarrhea	Eye disorders	Gagging	Limping
Scotting	Lack of Appetite	Loss of Balance	Scratching
Depressed	Shaking Head	Sneezing	Vomiting
Thirst	Increased Urination	Weakness	Other

Preferred Method of Payment ( Cash / Credit Card ):

### 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 this animal. **I also understand that all fees are due at the time services are rendered.**

Signature of client responsible for pet: \_\_\_\_\_ Date: \_\_\_\_\_