

# ANIMAL REGISTRATION

Animal Medical & Emergency Hospital  
614.889.2556

## OWNER INFORMATION

Date \_\_\_\_\_  
Mo / Day / Year

Owner's Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I. Title (Mr., Mrs., Ms, Dr., etc.)

Address \_\_\_\_\_  
Street City State Zip

Where did you hear about us? \_\_\_\_\_  
Where did you get our name?

In case of emergency Business \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PET INFORMATION

Animal Name \_\_\_\_\_  
Name

Please circle: DOG CAT FERRET RABBIT GUINEA PIG HAMSTER GERBIL SNAKE RAT TURTLE FISH

BIRD IGUANA SUGAR GLIDER GECKO OTHER \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate or age \_\_\_\_\_ Weight \_\_\_\_\_

Sex: (M/F) \_\_\_\_\_ Spayed or Neutered (Y/N) \_\_\_\_\_

Are you interested in holistic medicine for your pet? \_\_\_\_\_

Has your pet been to a veterinarian before? \_\_\_\_\_ Name of Clinic \_\_\_\_\_  
Clinic Phone \_\_\_\_\_

## MEDICAL HISTORY, VACCINATIONS & TESTS

DOGS	
	DATE GIVEN
Distemper Comb.	
Bordatella Vacc.	
Rabies Vaccination	
Lyme Vaccination	
Other _____	
Heartworm Test	

CATS	
	DATE GIVEN
Distemper Combination	
Feline Leukemia	
FIP Vaccination	
FIV Vaccination	
Rabies Vaccination	
Leukemia Test	
FIV Test	

FERRETS	
VACCINATION	DATE GIVEN
Distemper Comb.	
Rabies Vaccination	

Is your animal generally healthy? \_\_\_\_\_ Do you want us to send vaccine reminders? \_\_\_\_\_

Has your pet bitten anyone in the last 2 weeks? \_\_\_\_\_ Has your pet ever bitten anyone? \_\_\_\_\_

Does this pet behave aggressively toward people or other animals? \_\_\_\_\_

What do you feed your animal? \_\_\_\_\_ How often? \_\_\_\_\_

List all medications currently being given. \_\_\_\_\_

List all past medical problems (use back if necessary): \_\_\_\_\_

Please list your other pets \_\_\_\_\_

What would you like to discuss with the doctor? \_\_\_\_\_