

Owner and Patient Registration

Thank you for giving us the opportunity to care for your pet. Please print and complete all information.

Owner's Name: Title First Initial Last How would you like to be addressed?

Co-Owner's Name: Title First Initial Last How would you like to be addressed?

Names and ages of children living at home

Who is responsible for this account?

Address City State Zip

Home Phone Work Phone Cell Phone

Employer Occupation E-mail Address

Indicate method of payment: Cash__ Check__ Pet Health Insurance __ Credit Card (Name of credit card)_____

Driver's License No. State Credit Card No.

Owner's Social Security Number Birth date

How did you learn of our clinic (please be specific, and if applicable include the name of the person who referred you)?

I give permission for our picture to be on the clinic website (www.bennettroadvet.com): Yes__ No__

Owner's/Co-Owner's Signature Today's Date

ALL FEES ARE DUE AT THE TIME THE PATIENT IS RELEASED. PER YOUR REQUEST, WE WILL PROVIDE YOU WITH A WRITTEN ESTIMATE OF FEES FOR ANY TREATMENT, EMERGENCY CARE, SURGERY, OR HOSPITALIZATION. A DEPOSIT PRIOR TO TREATMENT MAY BE REQUIRED

PET INFORMATION:

Pet's Name _____ Male/Female _____ Age _____ Birth date _____

Cat/Dog/Other _____ Breed _____ Color _____ Has pet been Spayed/Castrated? _____

Does your pet have a Microchip? Yes____ No____ Microchip Identification # _____

Are there other pets in your household? Yes____ No _____ If yes, please indicate quantity below:

Dogs____ Cats____ Birds____ Reptiles____ Ferrets____ Other (Please specify) _____

NUTRITION:

Dry Food Brand _____ Canned Food Brand _____ Table Scraps? Yes____ No____

DENTAL CARE:

Do you brush your pet's teeth? Yes____ No____ Date of last dental cleaning _____

HEARTWORM PREVENTATIVE:

Is your pet currently taking heartworm preventative? Yes____ No____ If yes, Brand _____

MEDICAL RECORDS

Previous Doctor's or Hospital's Name _____

What was last kind of treatment (exam, vaccs, etc)? _____

Medical Conditions: Allergies, drug reactions, heart conditions, etc. _____

May we request that your pet's health records be transferred? Yes____ No____

VACCINATION and WORMING HISTORY:

Please indicate the date (month/year) your pet received the following vaccinations

CANINE	FELINE	BOTH
Distemper/Parvo _____	Distemper/Respiratory _____	Rabies _____
Coronavirus _____	Leukemia _____	Bordetella _____
Lyme _____	FIV _____	Fecal Exam _____
Other _____	FIP _____	Worming _____

EXOTIC SPECIES VACCINATIONS OR WORMINGS: Please specify type and date _____

Please describe the reason for your visit with us today (you may use the reverse side):