

# Deerfield Pet Vet

## Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill in this form completely. Thank You!

### REGISTRATION

Date \_\_\_\_\_

Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you learn of our hospital?  Yellow Pages  Recommendation  Other  
 Sign  Internet

Please let us know who recommended you so we may thank them. \_\_\_\_\_

### PET HEALTH HISTORY

Name of pet we're seeing today: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Canine  Feline

Male  Neutered  Female  Spayed

Date of Last Vaccines: \_\_\_\_\_

FELINE	RV	_____	CANINE	RV	_____
	FVRCP	_____		DHPP	_____
	FELV	_____		LEPTO	_____
	FIV	_____		CORONA	_____
				BORDETELLA	_____

Please list any medications, including heartworm and flea prevention your pet is on \_\_\_\_\_

Please describe your pet's diet \_\_\_\_\_

### 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 these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_