



## PATIENT REGISTRATION FORM

Owner Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_

Street

Apt. #

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's Date of birth: \_\_\_/\_\_\_/\_\_\_ Breed: \_\_\_\_\_

Species:  Dog  Cat  Ferret  Bird  Rabbit  Reptile  Rodent

Gender:  Female  Spayed Female  Male  Neutered Male

Pet's Origin:  Breeder  Shelter  Rescue  Pet Shop  
 Unknown  Other: \_\_\_\_\_

Current Medical Issues: \_\_\_\_\_

Previous Medical Issues: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

What food(s) are you presently feeding your pet? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Flea/Tick Control:  Yes  No Brand: \_\_\_\_\_

Heartworm Prevention:  Yes  No Brand: \_\_\_\_\_

Previous Veterinary Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I certify that I am the owner of the above-described animal and that all information is accurate. I am responsible for payment to Stamford Veterinary Center & My Pet Lodge for all treatment given to my animal.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Payment is required when services are rendered; we do not bill for services. We accept cash, MasterCard, Visa, American Express and Care Credit. We do not accept personal checks.**