



PATIENT REGISTRATION FORM

Owner(s) Name(s): _____

Address: _____
Street Apt. #

City State Zip

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Emergency Phone: _____

Email: _____

Pet's Name: _____

Pet's Date of birth: ___/___/___ Breed: _____ Color: _____

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: _____

Occasionally we use photos of clients' pets on social media without using clients' last names. Do we have your permission to use your pet's photo on our social media sites? ___ Yes ___ No

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 and American Express. We do not accept personal checks.