

Pet Registration Sheet



Last Name _____ Pet's Name _____

Species Dog Cat Other Age _____ Birth Day _____

Breed _____ Color _____ Male Female Spayed Neutered

Chief Complaint or Reason for Visit: _____

Are vaccinations up to date? Yes No (where given _____)

Is the pet on heartworm preventive? Yes No (Brand: _____)

Any injury or illness in past 30 days? Yes No (Describe: _____)

Is the pet currently on any medications? Yes No (Describe: _____)

WHAT IS YOUR PET'S MICROCHIP NUMBER? # _____

If your pet is not micro-chipped, do you want this service performed today? Yes No

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