

**Pet Registration and History**  
**McCauley A. H./ New Melle A.H.**

Thank you for giving us this opportunity to care for your pet. Please take the time to fill out this form completely. We will be happy to answer any questions. Thank you!

Date \_\_\_\_\_

Owner \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ MODL# \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/ Co- owners Name \_\_\_\_\_ #dogs \_\_\_\_\_ #cats \_\_\_\_\_

Pet's Name \_\_\_\_\_ DOB \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Sex: Male \_\_\_\_\_ Neutered? \_\_\_ Female \_\_\_\_\_ Spayed? \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Last vaccinated? \_\_\_\_\_

Is your pet on heartworm preventative? \_\_\_\_\_ Other medications? \_\_\_\_\_

Has your pet ever had an allergic reaction? \_\_\_\_\_

Past medical problems? \_\_\_\_\_

Are there any special handling instructions for your pet? \_\_\_\_\_

Does your pet live indoors/ outdoors/ both? \_\_\_\_\_

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

Our goal is to provide your pet with the highest quality veterinary service possible. We also strive to educate you, the owner, and communicate thoroughly so that everyone is comfortable with all decisions that are made about the health of your pet.

We accept cash, check and credit card payments. Payment in full is required at the time services are rendered.

Signature of responsible party or owner \_\_\_\_\_

Please indicate choice of payment: Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_\_\_