

OWNER/PATIENT REGISTRATION -- PRIOR LAKE PET HOSPITAL

PLEASE PRINT AND COMPLETE ALL INFORMATION

Have you been to this clinic previously? ____ no ____ yes If so, approximate date: _____

OWNER'S NAME: _____
Last First

CO-OWNER/SPOUSE: _____
Last First

ADDRESS: _____
Street City State Zip

OWNER'S HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CO-OWNER'S WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

OWNER'S OCCUPATION: _____ EMPLOYER: _____

SPOUSE'S OCCUPATION: _____ EMPLOYER: _____

PET'S NAME: _____ DOG: _____ CAT: _____ OTHER: _____

BREED: _____ COLOR: _____ SEX: _____ BIRTHDATE: _____

HAS YOUR PET BEEN MICROCHIPPED? YES: _____ NO: _____

HAS YOUR PET BEEN SPAYED/NEUTERED? YES: _____ NO: _____

PREVIOUS HOSPITAL'S NAME AND LOCATION? _____

MEDICAL HISTORY: Canine Vaccine		Feline Vaccine	
(Last Date Given)	Distemper _____		Distemper _____
	Rabies _____		Rabies _____
	Lyme _____		Leukemia _____
	Bordetella _____		Leukemia Tested _____
	Heartworm Test _____		Heartworm Test _____
	Fecal sample _____		Fecal sample _____

LIST ANY OTHER PETS IN THE HOUSEHOLD: _____

HAS YOUR PET HAD ANY SURGERY? YES _____ NO _____

IF SO, PLEASE LIST TYPE AND DATE: _____

ALL FEES ARE DUE AT THE TIME THE PATIENT IS RELEASED. ON YOUR REQUEST, A WRITTEN ESTIMATE OF FEES FOR ANY CASE, HOSPITAL TREATMENT, EMERGENCY CARE, SURGERY OR HOSPITALIZATION WILL BE PROVIDED. A DEPOSIT PRIOR TO TREATMENT MAY BE REQUIRED DEPENDING ON THE AMOUNT OF THE ESTIMATE.

OWNER/CO-OWNER SIGNATURE _____ DATE _____

HOW DID YOU LEARN OF OUR CLINIC? YELLOW PAGES _____ HOSPITAL SIGN _____
RECOMMENDATION _____ NAME OF PERSON _____ OTHER (Please list) _____

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET!