

# Welcome to Walker Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

## Registration

Owner's Name:	_____	Spouse/Other:	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Home Phone:	_____	Work Phone:	_____	Cell Phone:	_____		
E-Mail:	_____	County of Residence:	_____				
Social Security Number:	_____	Driver's License Number:	_____				
Employer's Name & Address:	_____						
In case of EMERGENCY, please call:	_____						
Describe other animals in the household:	_____						
How did you hear about us?	<input type="checkbox"/> Driving By <input type="checkbox"/> Phone Book <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> Other internet site						
<input type="checkbox"/> Friend (if so, whom may we thank?)	_____			<input type="checkbox"/> Other:	_____		

## Pet Health History

Pet's Name:	_____	Date of birth (or approximate age):	_____		
Type of animal:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____				
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Breed:	_____	Color:	_____
Please check any symptoms or problems that you have noticed about your pet:					
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Coughing/Gagging	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Lack of appetite	
<input type="checkbox"/> Limping	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Scooting	<input type="checkbox"/> Scratching	<input type="checkbox"/> Shaking Head	
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Thirst Increased	<input type="checkbox"/> Urine Increased	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weight Problem	
<input type="checkbox"/> Other:	_____				
Current medications (including heartworm prevention/flea control):	_____				
Describe your pet's diet:	_____				

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment:  Cash  Check  Mastercard  Visa  Other: \_\_\_\_\_