

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: _____	
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"/> Increased Urination	<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: _____			

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: _____