CARTER COUNTY
ANIMAL HOSPITAL, P.C.

WELCOME

Thank you for giving us the opportunity to care for your pet. We will be happy to address any questions or concerns you have about your pet's health. Please take your time to answer the following questions about you and your pet. Thanks You!

Date_____ **Driver License#**_____*

Owner_____ **Date of Birth** _____*

Address_____

_____

Spouse _____

Home Phone _____ **Cell Phone**_____ **Work phone**_____

Emergency Contact Name _____ **Phone** _____

Number of pets _____ **(Dogs** _____**, Cats** _____**, Other**_____**)**

Reason for visit _____

Name of pet _____ **(DOG**____**, Cat**_____**, Other** _____**)**

Breed_____ **Color**_____ **Birth date**_____

Male_____ **Neutered**_____ **Female**_____ **Spayed**_____

Pet History (Vaccines/ Health concerns) _____

_____

_____

Please check any symptoms or problems that you have noticed about your pet:

_____ Behavioral Problems	_____ Bleeding Gums	_____ Breathing Problems
_____ Coughing	_____ Diarrhea	_____ Eyes Bulging
_____ Gagging	_____ Lack of Appetite	_____ Limping
_____ Loss of Balance	_____ Scooting	_____ Scratching
_____ Depression	_____ Shaking Head	_____ Sneezing
_____ Weakness	_____ Vomiting	_____ Excessive Thirst
_____ Increased Urination	_____ Other _____	

Pet's Medications _____

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 my pet. I also understand that these charges will be paid in full at the time my pet is released from the hospital and that a deposit may be needed before in the treatment of some conditions.

Signature of Owner _____ **Date** _____

Method of payment: _____ **Cash** _____ **Check** _____**MasterCard** _____ **VISA**

* Required for federal reporting requirements.