

PET REGISTRATION AND HISTORY

Noah's Ark Pet Clinic P.C.

85-05 37th Avenue, Jackson Heights, NY 11372, Telephone (718) 396-2111

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

Pet Guardian/Owner _____ Driver's Lic/SS# _____

Partner/Spouse _____ Driver's Lic/SS# _____

Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Pager/Cell Phone Number _____

Email _____

Employer's Name _____ Work Phone _____

Address _____

Emergency Contact Name _____ Emergency Phone _____

How did you learn of our clinic Yellow Pages Recommendation Sign Other _____

If recommended, by whom _____

Reason for visit _____

Name of Pet _____ Dog Cat Bird Rodent Other _____

Breed _____ Color _____ Birthdate _____ Male Female Neutered

Vaccination History (Date and type of last vaccinations) _____

Does your pet travel to wooded areas, parks, beaches, etc _____

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

- | | | |
|------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Foul Breath (Halitosis) | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Red/Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Increased Thirst/Urination |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing night/day (circle) | <input type="checkbox"/> Scooting on his/her bottom | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching/Skin Problem | <input type="checkbox"/> Behavior Problems |
| <input type="checkbox"/> Eye Problem | <input type="checkbox"/> Depression | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Exposure to fleas/ticks (circle) | Other _____ |

Does your pet have any chronic health problems (kidney disease, heart condition, arthritis, Diabetes, etc.) _____

Pet's current medications (heartworm preventatives, flea control products, vitamins, etc.) _____

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 also understand that these charges will be paid in full at the time of release; and that a 50% deposit is required for medical or surgical treatment.

Signature of owner _____ Date _____

Method of Payment Cash Check MasterCard VISA AMEX Other _____

Payment in full is required at time of release.