Ruff-Inn-It!

STAY & PLAY

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 ensure 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 _____

Driver's License # _____

Employer's Name & Address _____

In case of EMERGENCY, please call _____

Reason for Visit _____

Pet Health History

Pet's Name _____ Date of Birth _____

Type of Animal ❑ Dog ❑ Cat ❑ Other Please Specify _____

Sex: ❑ Male ❑ Neutered ❑ Female ❑ Spayed

Breed _____ Color _____ Weight _____

Vaccination History (Date and type of last vaccination)

_____

_____

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

❑ Bad Breath
❑ Behavior Problems
❑ Bleeding Gums
❑ Breathing Problems
❑ Coughing
❑ Diarrhea
❑ Eye Bulging or Bloodshot
❑ Gagging
❑ Lack of Appetite
❑ Limping
❑ Loss of Balance
❑ Scooting
❑ Scratching
❑ Seems Depressed
❑ Shaking Head
❑ Sneezing
❑ Thirst and/or Urination Increased
❑ Vomiting
❑ Weakness
❑ Weight Problem
❑ Other _____

Current Medications _____

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 a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____

Method of Payment ❑ Cash ❑ Check ❑ MasterCard ❑ VISA ❑ Discover ❑ Declined