



County Line Animal Hospital

New client Registration

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

Date: _____
Owner Name(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone(s): _____
Other Emergency Contact Name: _____ Phone: _____
How did you hear about us? Yellow Pages Sign Friend Other: _____
If Recommended by a friend, who? _____

Pet Health History

Name of Pet: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Birth date: _____
Male Intact Male Neutered Female Intact Female Neutered

Vaccination History (Date and type of vaccination): _____

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

Behavior Problems	Lack of Appetite	Sneezing
Bleeding Gums	Limping	Thirst and/or Urination Increased
Breathing Problems	Loss of Balance	Vomiting
Coughing	Scotting	Weakness
Diarrhea	Scratching/Chewing	Other: _____
Eye Bulging or Bloodshot	Seems Depressed	_____
Gagging	Shaking head	

Pet's Current medications (include heart worm prevention and flea control): _____

Describe your pet's diet: _____

Authorization

I hereby authorize County Line Animal Hospital 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 at the time of release and that a deposit may be required for surgical treatment.

Signature of Pet Owner: _____ Date: _____

By typing or printing name above pet owner acknowledges this as a legal signature. This PDF document can also be signed digitally. A hard copy of this document may also need to be signed at our office.