



**Client/Patient Registration Form**

**OWNER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse / Second Contact Name (circle one): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Has Kingston Animal Hospital, PC Veterinary Hospital ever treated any of your pets in the past?**

YES  NO

**How did you hear about our practice:**

Proximity Doctors' Reputation  Credentials Yellow Pages

Friend's Recommendation (Name): \_\_\_\_\_

Other: \_\_\_\_\_

**PATIENT INFORMATION:**

Pet Name: \_\_\_\_\_

Species:  Feline  Canine  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sex :  Female  Male Is your pet neutered / spayed? Yes  No

**Laboratory History:** (approximate month/year)

Cats: FeLV test date: \_\_\_\_\_ FIV test date: \_\_\_\_\_

Dogs: Heartworm / Lyme test date: \_\_\_\_\_ Fecal exam date: \_\_\_\_\_

**Vaccine Status:** (month / year) **Where Given:** \_\_\_\_\_

Cats: Rabies date: \_\_\_\_\_ FVRCP date: \_\_\_\_\_ FeLV date: \_\_\_\_\_ FIV date: \_\_\_\_\_

Dogs: Rabies date: \_\_\_\_\_ DHL-Parvo date: \_\_\_\_\_ Lyme date: \_\_\_\_\_ Influenza date: \_\_\_\_\_

**Medications your pet is currently taking:** \_\_\_\_\_

**Known Drug or Vaccine allergies:** \_\_\_\_\_

**Previous Medical or Surgical Problems:** \_\_\_\_\_

**Current Reason for office call:** \_\_\_\_\_

**METHOD OF PAYMENT:**  VISA  MC  AMEX  DISC  CHECK  CASH

Signature: \_\_\_\_\_

Date: \_\_\_\_\_