



Lantana Animal Hospital

We provide pawsitively purrfect pampering for pets and their people

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Emergency Contact Name: _____ Phone: _____

Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat
 Breed: _____ Color: _____ Birthdate: _____
 Undetermined Male Neutered Female Spayed

Vaccination History (date and type of last vaccinations): _____

Previous Medical History: _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Skin (itching, flaky, red, other) |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Thirst and or Urination Increased |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> ScratchingScooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Ear (itching, swoed, other) | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Seems Depressed | _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | _____ |

Pet's current medications: _____

Describe your pet's diet & Treats: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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 all services.

Signature of Owner: _____ Date: _____