

Welcome to Ridgeview Animal Hospital

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 fill out this form completely and bring it with you to your first appointment. Thank You!

Registration

Date _____
Owner _____ Spouse _____
Address _____
City/State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Spouse Cell _____
Driver's License Number _____ SSN# _____
E-Mail Address _____
Who can we thank for referring you? _____

Pet Health History

Name _____ Age/Birthday _____ Dog Cat Other _____
Breed _____ Color _____
 Male Neutered - Yes No Female Spayed - Yes No

Previous Veterinarian/Clinic _____

Previous Vaccinations No Yes (Please enter dates below):

Dog:

Rabies _____

Distemper _____

Parvo Virus _____

Corona Virus _____

Kennel Cough _____

Lymes _____

CIV (Canine Influenza) _____

Heartworm Test _____

Fecal _____

Cat:

Rabies _____

Distemper _____

Leukemia Test _____

Leukemia Vacc _____

FIP _____

CV (Calici Virus) _____

Heartworm Test _____

Fecal _____

Does your pet have any ongoing medical issues? If so, explain. _____

Is your pet currently on heartworm prevention?_____ Which one?_____

Is your pet currently on flea or tick prevention?_____ What brand?_____

Is your pet taking any medications?_____ If so, what ones:_____

Does your pet have allergies? _____ If so, to what?_____

Authorization

I hereby authorize Ridgeview Animal Hospital to examine, prescribe for, or treat the pet described. 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 the release and a deposit may be required in advance for surgical treatment.

Owner's Signature _____ Date _____

Please bring your pet's previous medical records and vaccination history with you to your first visit.