



513-777-5131

Patient Registration

Date _____

Pet Information

Name: _____ Species: _____ Age or DOB: _____

Breed: _____ Color: _____ Male/Female: _____

Please circle one: spayed neutered intact

Vaccination History

Please list the last known date of vaccinations if no records are provided.

Distemper: _____ Rabies (please circle) 1 yr or 3 yr: _____

Bordetella: _____ Parvo: _____ Heartworm test: _____

What type of heartworm prevention have you been using? _____

What type of flea and tick prevention have you been using? _____

Does your pet board, visit parks, groomers or training classes? _____

Does your pet frequent wooded areas, lakes, ponds, creeks? _____

Does your pet go camping or hiking? _____

Do you have any health concerns at this time? _____

I hereby authorize the veterinarian at Animal Hospital of West Chester to examine, prescribe for or treat the pet described above. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of service with no exceptions. I am over the age of 18.

Owners name: _____ Phone: _____

Signature: _____ Date: _____