WEST END ANIMAL CLINIC

Dr. Jeff Toman

Pet Registration

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

Owner _____
Mailing Address _____ City_____ Zip_____
Spouse _____
Home Phone _____ Work Phone _____ Cell _____
Email _____

Eligible Discount: Military ____ Senior (65) ____ First Responder _____

Pet Health History

Name of Pet _____ Dog ___ Cat ___ Other _____
Reason for Visit _____
Breed _____ Color _____ Birth Date _____
Sex _____ Neutered ____ Spayed ____ Neither _____
Current Medications _____
Vaccination History _____ Pet Diet _____
Please check any problems that you may have noticed with your pet:

☐ Behavior Problems	☐ Limping	☐ Eye Bulging/Bloodshot	☐ Coughing
☐ Bleeding Gums	☐ Loss of Balance	☐ Vomiting	☐ Scratching
☐ Weakness	☐ Lack of Appetite	☐ Gagging	☐ Increased Thirst
☐ Increased Urination	☐ Scooting	☐ Diarrhea	☐ Depression

Authorization

I hereby authorize the Veterinarian to examine, prescribe, or treat the above animal. I also assume responsibility for all charges incurred and agree to pay all charges at time tof treatment. Regular Form of Payment: ___Cash ___Credit Card ___ Care Credit ___ Check

Signature _____ Date _____