Allison Lane Animal Hospital

1660 Allison Ln., Jeffersonville, IN 47130 phone: 283-4910 • fax: 283-4475

Welcome! We know your pet's health is important, and we thank you for trusting us to care for him or her. 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: _____ **Employer:** _____

City: _____ **State:** _____ **Zip Code:** _____

Significant Other: _____ **Employer:** _____

Phone: _____ **Work Phone:** _____ **Email:** _____

Emergency Contact Name: _____ **Phone** _____

How did you learn about our clinic? ☐ Sign Outside ☐ Yellow Pages ☐ Facebook ☐ Recommendation ☐ Website ☐ News Paper ☐ Other: _____

If recommended, by whom? _____

Number of Pets **Dogs:** _____ **Cats:** _____ **Other (Specify):** _____

Reason for Visit:

PET HEALTH HISTORY

Name of Pet: _____ ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____ **Color:** _____ **Birthdate:** _____

☐ Undetermined ☐ Male ☐ Neutered ☐ Female ☐ Spayed

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

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

☐ Behavioral Problems	☐ Lack of Appetite	☐ Shaking Head
☐ Bleeding Gums	☐ Licking feet (often)	☐ Sneezing
☐ Breathing Problems	☐ Limping	☐ Thirst and or Urination Increased
☐ Coughing	☐ Loss of Balance	☐ Vomiting
☐ Diarrhea	☐ Scooting	☐ Weakness _____
☐ Eye Bulging or Bloodshot	☐ Scratching	☐ Other: _____
☐ Gagging	☐ Seems Depressed	☐ Other: _____

Pet's current medications: _____

Describe your pet's diet:

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges (including finance 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 hospitalization or surgical treatment.

Name of Owner (Print): _____ **Date:** _____

☐ Cash ☐ Check ☐ Mastercard ☐ Visa ☐ Discover _____

Drivers License Number: _____ **State of Issue:** _____