Welcome to Coburg Veterinary Clinic and House Calls for Pets

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take a minute to fill in this form completely.

Registration

Referred By _____
Owner's Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____
Do you prefer to receive patient reminders by MAIL or EMAIL? _____
Social Security # (last 4 numbers only) _____ Driver's License # _____
Employer's Name & Address _____
Emergency Contact Name & Phone Number _____
Please describe other animals in household _____
Reason for visit _____

Pet Health History

Pet's Name _____ Date of Birth _____
Species ☐ Dog ☐ Cat ☐ Other
Sex ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Breed _____ Color _____ Weight _____
Vaccination History (Date and Type of Last Vaccinations)
_____
_____

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

☐ Bad Breath	☐ Lack of Appetite	☐ Thirst and/or Urination Increase
☐ Behavior Problems	☐ Limping	☐ Vomiting
☐ Bleeding Gums	☐ Loss of Balance	☐ Weakness
☐ Breathing Problems	☐ Scooting	☐ Weight Problem
☐ Coughing	☐ Scratching	☐ Other _____
☐ Diarrhea	☐ Seems Depressed	_____
☐ Eye Bulging or Bloodshot	☐ Shaking Head	_____
☐ Gagging	☐ Sneezing	_____

Current Medication(s) _____
Describe Pet's Current Diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____

Method of Payment ☐ Cash ☐ MasterCard ☐ Visa ☐ Discover