



NORWICH REGIONAL
ANIMAL HOSPITAL
We are here for you

WELCOME

Pet Owner's Name _____

Pet's Name _____ Cat / Dog / Other (SPECIFY) _____

Male / Female Is Your Pet Spayed Or Neutered? Yes / No

Age _____ Birth Date _____ Estimated Age If Date Of Birth Unknown _____

Breed _____ Color _____ Microchip Number _____

My Pet Came From: Friend / Breeder / Pet Shop / Humane Society / Rescue

Describe Your Pet's Diet: _____

Current Medication / Supplements: _____

Does Your Pet Live: Indoors / Outdoors / Both

Please List Medical Problems: _____

Please Check Any Symptoms Or Problems You've Noticed With Your Pet:

- | | | |
|--------------------------|---------------------------|--------------------|
| _____ Appetite Loss | _____ Gagging | _____ Sneezing |
| _____ Behavioral Changes | _____ Bleeding Gums | _____ Thirst |
| _____ Breathing Problems | _____ Increased Urination | _____ Limping |
| _____ Coughing | _____ Loss of Balance | _____ Vomiting |
| _____ Depression | _____ Scooting | _____ Weakness |
| _____ Diarrhea | _____ Scratching | _____ Shaking Head |
| _____ Eye Disorders | _____ Other _____ | |

Did you bring your vaccination history with you? Yes / No

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 the animal. I also understand that all professional fees are due at the time services are rendered.

SIGNATURE OF CLIENT _____ DATE _____