

**New Client Registration**  
Buttercup Creek Animal Hospital

Thank you for giving us the opportunity to care for your pets. Please take a few minutes to answer the following questions.

Owner's Name \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ DL# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

How did you learn about our clinic?

- Yellow Pages
- Recommendation – Whom may we thank? \_\_\_\_\_
- Sign
- Other \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Neutered or spayed? Yes \_\_\_ No \_\_\_  
Breed \_\_\_\_\_  
Color/Markings \_\_\_\_\_  
Is there a previous doctor or clinic we may request records from? \_\_\_\_\_  
\_\_\_\_\_

**Authorization**

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges must be paid at time of release unless prior arrangements have been made. I give permission for Buttercup Creek Animal Hospital to release my records to other hospitals and specialists if needed.

**Signature of Owner** \_\_\_\_\_  
**Today's Date** \_\_\_\_\_

**We accept cash, checks, Visa, Mastercard, and Discover. Care Credit applications are available at the front desk and can be processed online.**

## Medical History

**Pet's name:** \_\_\_\_\_

Does your pet have a history of any of the following.....

- |  |   |
|--|---|
| <input type="checkbox"/> Thyroid disease               | <input type="checkbox"/> Obesity                  |
| <input type="checkbox"/> Kidney disease                | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Heart disease                 | <input type="checkbox"/> Allergies to foods       |
| <input type="checkbox"/> Liver disease                 | <input type="checkbox"/> Allergies to medications |
| <input type="checkbox"/> Aggressive behavior           | <input type="checkbox"/> Vaccine reaction         |
| <input type="checkbox"/> Fear of storms or loud noises | <input type="checkbox"/> Seizures                 |

If yes to any of the above, please explain \_\_\_\_\_

\_\_\_\_\_

Does your pet have any previous medical conditions? If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet experiencing any of the following...

- |   |   |
|---|---|
| <input type="checkbox"/> Vomiting                     | <input type="checkbox"/> Diarrhea                           |
| <input type="checkbox"/> Changes in water consumption | <input type="checkbox"/> Changes in urination               |
| <input type="checkbox"/> Coughing/sneezing            | <input type="checkbox"/> Difficulties in getting up or down |
| <input type="checkbox"/> Changes in behavior          | <input type="checkbox"/> Bad breath                         |
| <input type="checkbox"/> Odor ears                    | <input type="checkbox"/> Odor skin                          |

If yes to any of the above, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently pregnant or in heat? \_\_\_\_\_

Is your pet currently taking any medications, including heartworm or flea products? If so, please list \_\_\_\_\_

\_\_\_\_\_

Has your pet had any previous surgeries? If so, please explain \_\_\_\_\_

\_\_\_\_\_

Has your pet had any previous reactions to anesthetics? If so, please explain \_\_\_\_\_

\_\_\_\_\_

Has your pet ever experienced difficulty in recovering from anesthetics? If so, please explain \_\_\_\_\_

\_\_\_\_\_

Are there other pets in your family? \_\_\_\_\_

\_\_\_\_\_