PORTERS NECK VETERINARY HOSPITAL
8129 MARKET STREET
WILMINGTON, NC 28411
910-686-6297

REGISTRATION

Owner: **SS#:**

Mailing address:

City: **State:** **Zip:**

Spouse: **SS#:**

Home Phone: **Work Phone:** **Spouse Work Phone:**

Emergency Contact Name: **Phone:**

How did you learn of our clinic? ☐ Yellow pages ☐ Sign ☐ Other _____
☐ Recommendation – by whom? _____

Number of Pets: Dog(s) **Cat(s)** **Other (specify)**

Reason for visit:

PET HEALTH HISTORY

Name of Pet: **Date of Birth:** / /

Species (check one): ☐ CAT ☐ DOG ☐ OTHER, please specify:

Breed: **Color :**

Check which one applies: ☐ Spayed Female ☐ Neutered Male ☐ Unaltered Male ☐ Unaltered Female

Vaccination history (date and type of last vaccines):

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

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

Pet's Current Medications:

Previous Medical Conditions or Surgeries (Please give approximate dates):

Allergies:

Describe your pet's diet:

AUTHORIZATION

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

Signature of Owner _____ **Date** _____

Method of payment: ☐ Cash ☐ CareCredit ☐ MasterCard ☐ Visa ☐ Other _____