REGISTRATION AND HISTORY

BRAMBLETON VETERINARY HOSPITAL

Dr. Linda F. Jennings
Dr. Erika N. Henson
Dr. Matthew B. Sisk
3528 Brambleton Avenue
Roanoke, Virginia 24018
Telephone: (540) 774-5236

If my pet is admitted for any in-hospital procedure, I agree to have all vaccines updated as needed.
X _____

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

Date _____

REGISTRATION

Owner _____ SS# / DL# _____

Address _____

Zip Code _____ City ❑ County ❑ e:mail _____

Spouse _____ SS# / DL# _____

Primary Number _____ Work Phone _____ Secondary Number _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? ❑ Yellow Pages ❑ Recommendation ❑ Website
❑ Sign ❑ Other _____

If recommended, by whom? _____

Numbers of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

PET HEALTH HISTORY

Name of Pet _____ ❑ Dog ❑ Cat ❑ Other _____

Breed _____ Color _____ Birthdate _____

❑ 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.

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

Pet's current medications _____

_____

Describe your pet's 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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payment ❑ Cash ❑ Check ❑ MasterCard ❑ Visa ❑ Other _____