



DIAMOND Q

Animal Hospital

WELCOME

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!

Registration

OWNER'S NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL _____

EMPLOYER'S NAME & CITY _____

AT WHAT TIME _____ AND AT WHAT PHONE NUMBER _____ IS IT BEST TO CALL YOU ABOUT YOUR PET?

IN CASE OF EMERGENCY, PLEASE CALL _____

REASON FOR VISIT _____

HOW DID YOU FIND US? FARGO FORUM TELEPHONE BOOK MAILING OTHER _____

FRIEND (Who may we thank - we reward referrals) _____

Pet Health History

PET'S NAME _____ DATE OF BIRTH _____

TYPE OF ANIMAL 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

<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Thirst and/or Urination Increased
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Weakness
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weight Problem
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Seems Depressed	_____
<input type="checkbox"/> Eye Bulging or Blood Shot	<input type="checkbox"/> Shaking Head	_____
<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing	_____

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 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 VISA MasterCard Other _____