



Welcome to Ridgeview Animal Hospital

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 fill out this form completely. Thank You!

Registration

Date: _____
Owner _____ Spouse _____
Address _____ City/State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact Name _____ Phone: _____
If Paying by check: Driver License Number _____ State _____
Who can we thank for referring you? _____

Pet Health History

Name _____ Age/Birthday _____ (circle one) Dog Cat Other _____
Breed _____ Color _____
Male – Neutered Y or N (circle one) Female – Spayed Y or N (circle one)

Previous Veterinarian/Clinic _____

Dog:	Date Given	Cat	Date Given
Rabies Vac	_____	Rabies Vac	_____
Distemper Vac	_____	Feline Distemper (FVRCP)	_____
Parvo Vac	_____	Feline Leukemia	_____
Corona Vac	_____	FIP	_____
Bordetella	_____		
Lymes	_____		

Date of last heartworm test: _____ Result: _____

Date of last Intestinal Parasite exam: _____ Result: _____

Heartworm Prevention: _____ Date last given: _____

Flea and Tick prevention: _____ Date last given: _____

Current Medications: _____

Does your pet have any allergies? _____

Does your pet have any behavior problems? Y or N (circle one) If yes, explain: _____

Authorization

I hereby authorize Ridgeview Animal Hospital to examine, prescribe for, or treat the pet described. 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 the release and a deposit may be required in advance for surgical treatment.

Signature: _____ Date: _____