



**South Paws**  
Veterinary Surgical Specialists

## Client Registration

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

LAST

FIRST

CO-OWNER'S NAME: \_\_\_\_\_

LAST

FIRST

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET

CITY

PHONE NUMBERS: *\*Please indicate which phone # should we contact first\**

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Alt \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRING VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL NAME & ADDRESS: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ DOG \_\_\_ CAT \_\_\_ BREED \_\_\_\_\_

SEX: \_\_\_\_\_ Spayed/Neutered? ( Y / N ) AGE / BIRTHDATE: \_\_\_\_\_

COLOR \_\_\_\_\_

IS YOUR PET CURRENT ON VACCINATIONS? ( Y / N ) (circle)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

Are you interested in financing? ( Y / N ) (circle) Would you like to apply? ( Y / N ) (circle)

Payment Plan Options: Chase Health Advance (3, 6, or 12 month, 0% interest) or Care Credit (6 and 12 month, 0% interest, plus 24, 36, 48, and 60 month extended)

To keep costs at a minimum, payment is due at the time services are rendered. We also require a deposit in advance of any procedures. We accept major credit cards and checks authorized by Telecheck. Returned checks will be charged \$25.00.

I have received a copy of "South Paws FAQ." Initials \_\_\_\_\_

I certify that the above information regarding myself and my pet is correct. I understand that payment is due when services are rendered and that I am liable for charges incurred on my pet's behalf.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Patient History



**Please be as complete with your answers as possible to assist us in diagnosing and treating your pet.**

**PERTINENT HISTORY**

1. Significant past medical/surgical history (e.g. heart, liver, kidney, thyroid disease):

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2. Past drug reactions/allergies: \_\_\_\_\_

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3. Current medications your pet receives (dosages if available) and when was the last dose given: \_\_\_\_\_

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4. Food and nutritional supplements your pet is on: \_\_\_\_\_

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5. Does your pet show any of the following signs? If so, please state with what frequency:

Chronic coughing/sneezing \_\_\_\_\_

Chronic vomiting/diarrhea \_\_\_\_\_

Runny eyes/nose \_\_\_\_\_

Exercise intolerance \_\_\_\_\_

Increased thirst \_\_\_\_\_

Increased urinary frequency \_\_\_\_\_

6. Is your pet: \_\_\_ indoors \_\_\_ allowed to roam freely

\_\_\_ outdoors always      \_\_\_ in a fenced back yard

\_\_\_ indoors/outdoors      \_\_\_ on leash only

7. What problem are we seeing your pet for today:

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8. Duration of the problem:

\_\_\_ days

\_\_\_ weeks

\_\_\_ months

\_\_\_ years

Is the problem:

\_\_\_ improving

\_\_\_ static

\_\_\_ deteriorating

\_\_\_ episodic (waxes/wanes)

Over the last:

\_\_\_ weeks

\_\_\_ months

\_\_\_ years

9. If your pet's problem is orthopedic in nature, is there:



- general stiffness
- stiffness after heavy exercise
- stiffness after lying around

10. If your pet is lame – did the lameness occur gradually or abruptly? (circle one)

11. With activity/exercise does the lameness become better or worse? (circle one)

12. Has your pet undergone anesthesia before: (Y / N) (circle)

Any problems (i.e. prolonged recovery) following anesthesia: (Y / N) (circle)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How would you characterize your pet's temperament?

- mellow
- high strung/nervous
- average
- may bite, please use caution
- would never bite
- may bite if stressed or felt the need to protect itself

14. Is there any other pertinent/additional information or problems that you feel we should know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Welcome to South Paws! Thank you for completing your pet's history.**

