



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):

2. Past drug reactions/allergies: _____

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

4. Food and nutritional supplements your pet is on: _____

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:

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:



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- 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.

