



Welcome To Kennesaw Pet Center

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely.
Thank You!

New Client REGISTRATION

Owner: _____ Date: _____
 Address: _____ Employer: _____
 Significant Other: _____ Employer: _____
 Phone: _____ Work Phone: _____ Email: _____
 Emergency Contact Name: _____ Phone _____
 How did you learn about our clinic? Sign Outside Yellow Pages Facebook Recommendation
 Website News Paper Other: _____
 If recommended, by whom? _____
 Number of Pets Dogs: _____ Cats: _____ Other (Specify): _____
 Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____
 Breed: _____ Color: _____ Birthdate: _____
 Undetermined 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst and or Urination Increased |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> |

Pet's current medications: _____
 Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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. I, also grant Kennesaw Pet Center permission to post my pets picture, story and medical information on social media.

Signature of Owner: _____ Date: _____
 Method of Payment: Cash Check Mastercard Visa Other: _____