



**REGISTRATION**

Owner (Last, First Name)		
Spouse/Co-Owner		
Address	Apt/Suite	
City	State	Zip
Home Phone	Cell Phone	
Email		
Occupation	Client Date Of Birth	
How did you hear about us?		

**PET HEALTH HISTORY**

Pet Name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	
Breed	Color	Date Of Birth	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both <input type="checkbox"/> Unknown	
Known food/Drug Allergies			
Prior Surgery/Illness			

**AUTHORIZATION**

I authorize Olympic Pet Hospital to treat my aforementioned pet. I understand this may include laboratory tests, anesthetics, surgery and such procedures as are usual in modern animal medical care. I realize no guarantee of successful treatment is made, and I will not hold Olympic Pet Hospital responsible for my animal's recovery. I understand responsibility for fees are mine and that a deposit is required. I understand payment is due in full when my pet is discharged.

Signature	Date
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**FOR INTERNAL USE**

**CANINE**

Vaccinations	Date Given		
Rabies ( 1 yr / 3 yr )			
DHPP			
Leptospira			
Bordetella ( PO / IN / SQ )			
Influenza			
Dewormer			

**FELINE**

Vaccinations	Date Given		
FVRCP			
Rabies			
FeLV			
FeLV/FIV test			
Dewormer			

MICROCHIP #