

**Pet Registration Sheet**

**Last Name** \_\_\_\_\_ **Pet's Name** \_\_\_\_\_

**Species**  Dog  Cat  Other **Age** \_\_\_\_\_ **Birth Day** \_\_\_\_\_

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_ **Male**  **Female**  **Spayed**  **Neutered**

Chief Complaint or Reason for Visit: \_\_\_\_\_

Are vaccinations up to date?  Yes  No (where given \_\_\_\_\_)

Is the pet on heartworm preventive?  Yes  No (Brand: \_\_\_\_\_)

Any injury or illness in past 30 days?  Yes  No (Describe: \_\_\_\_\_)

Is the pet currently on any medications?  Yes  No (Describe: \_\_\_\_\_)

**WHAT IS YOUR PET'S MICROCHIP NUMBER? #** \_\_\_\_\_

**If your pet is not micro-chipped, do you want this service performed today? Yes**  **No**

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