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The Ridge Animal Hospital 🐾 78 Shaw's Ridge Road 🐾 Sanford, Maine 🐾 04073

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Today's Date _____
Owner's Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Best way to contact you (*check one*) Mail OR E-mail address _____
Driver's License # _____ (*required for checks*)
Employer's Name & Phone Number _____
Please describe other animals in household _____
Reason for visit _____
How did you hear about us? (*Circle*) word of mouth advertisement friend or family, name _____

Pet Health History

Pet's Name _____ Date of birth (if known) or age _____
Type of animal Dog Cat - Indoor or outdoor cat? (*circle one*) Other _____
Sex Male Neutered Female Spayed
Breed _____ Color _____ Weight _____
(We will weigh your cat in the room)
Last Veterinary Hospital Visited _____

Please check any symptoms or problems that you have noticed about your pet:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Thirst and/or urination increased |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weight problem |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Seems depressed | _____ |
| <input type="checkbox"/> Eye bulging or bloodshot | <input type="checkbox"/> Shaking head | _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing | |

Current medications _____
Describe your pet's diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____

Method of payment Cash Check MasterCard Visa Other _____