



## Welcome To Rankin Veterinary Hospital P.C.

### Registration:

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Were you referred by someone, if so, who? \_\_\_\_\_

### Pet History:

Pet's Name \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_

Sex: Male  Female  Is your pet spayed/neutered? Yes  No

Date of Birth or approximate age \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Microchip number or tattoo \_\_\_\_\_

Cats: Date of last Distemper Vaccination \_\_\_/\_\_\_ Leukemia/FIV \_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_

Dogs: Date of Last Distemper/Parvo Vaccination \_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_ Bordetella \_\_\_/\_\_\_ Lymes \_\_\_/\_\_\_

Any prior illnesses or surgeries? \_\_\_\_\_  
\_\_\_\_\_

What is your pet's normal diet? \_\_\_\_\_

Please list any medications your pet is currently taking. \_\_\_\_\_

What is your pet being seen for today? \_\_\_\_\_

### 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. **ALL PROFESSIONAL FEES ARE REQUIRED AT THE TIME SERVICES ARE RENDERED.**

For your convenience we accept the following for payment; [Cash] [Check] [Visa/MasterCard] [Discover] [American Express] [Care Credit]

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_