



HEALING PAWS VETERINARY HOSPITAL

603 Hampton Pointe Blvd, Ste 603-B, Hillsborough, NC 27278

Phone: (919) 245-3437 | www.healingpawspetcare.com

PET REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please fill out, print and bring this form in with you.

Owner's Name:

Spouse/Housemate's Name:

Pet's Name:

Breed:

Birth Date:

Dog

Cat

Male

Female

Spayed or Neutered

Colors:

Where did you get your pet? (Breeder? Pound? Friend? Other?):

Is your pet on heartworm and/or flea prevention?

Yes

No

If yes, which ones?

What do you feed your pet? (Prescription? Commercial? Table Scraps?)

How often daily do you feed your pet?

Do you supplement with treats, vitamins, etc?

Yes

No

If yes, which ones?

Is your pet

Inside Only

Inside/Outside

Outside Only

If outside, how many hours per day?

Fenced?

Yes

No

Please share your pet's history – ongoing health problems, allergies, prior illness or trauma, behavior problems, personality “quirks,” etc. Also, please let us know about any concerns you have regarding your pet.

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Current Medications other than heartworm and flea/tick prevention:

| Drug | mg (if known) | Frequency |
|----------------------|--------------------|-----------------------------------|
| <i>(ex: Rimadyl)</i> | <i>(ex: 25 mg)</i> | <i>(ex: 1 tablet twice a day)</i> |

Photo Release:

As owner of _____ (pet's name) I give permission for my pet to be photographed and his/her likeness used on the Healing Paws Veterinary Hospital website, Facebook page, or other media.

Signature: _____ Date: _____