

PET REGISTRATION AND HISTORY

**AADOBE ANIMAL HOSPITAL
1294 FOREST AVE
STATEN ISLAND NY 10302
(718)-370-0700**

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

Date _____

PLEASE PRINT

Owner _____
Address _____ Zip _____
Cell Phone _____
Work Phone _____
Home Phone _____
E- Mail _____
How did you learn about our clinic? If recommended by whom? _____
Reason for visit _____

PET HEALTH HISTORY

Name of pet _____ Species (Circle one): Dog Cat Other: _____
Breed _____ Color _____ Birth Date _____
Male – Neutered Y/N (Circle One) Female – Spayed Y/N (Circle One)
Last Vaccination History (if any) _____

Please check below any symptoms or problem that you have noticed:

- | | | |
|---------------------------|-------------------|---|
| -Behavior Problem | -Lack of Appetite | -Sneezing |
| -Bleeding Gums | -Limping | -Thirst and / and or urination increase |
| -Breathing Problems | -Loss of Balance | -Vomiting |
| -Coughing | -Scooting | -Weakness |
| -Diarrhea | -Scratching | -Other _____ |
| -Eye Bulging or Bloodshot | -Seems Depressed | - _____ |
| -Gagging | -Shaking Head | |

Pet's Current Medications _____

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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. In case of any adverse reaction to any medication/ vaccination I will not hold Doctor/ Aadobe Animal Hospital responsible.

Signature of Owner _____ Date _____

PLEASE SEE BACK OF PAGE

I hereby give Aadobe Animal Hospital permission to take photographs and videos of me and my pet for the purpose of Aadobe Animal Hospital posting on social media accounts (Facebook, TikTok, Twitter, and Instagram) and their clinic website. I hereby release and discharge Aadobe Animal Hospital from any and all claims arising out of use of the photos.

In the aforementioned social media accounts and website, Aadobe Animal Hospital also has my permission to use my name and my pet's name for the purposes of social media promotions.

In signing this consent, I give authorization to use my name and my pet's name as listed above

X
