



**HEARTLAND
ANIMAL CENTER**

Welcome to Heartland Animal Center

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill out this form completely. Thank you!

Registration

Name _____ Spouse Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment: _____

How did you learn of our clinic (please circle one) Internet Recommended Advertising Other _____

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other _____

Reason for visit? _____

Pet Health History

Name of Pet(s) _____ Dog Cat Approx Age _____

Breed _____ Color _____ SEX: Male Neutered Female Spayed

Date of Last Vaccinations _____ Where? _____

List your pet's medication (s) _____

Describe your pet's diet _____

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

- | | | |
|----------------------|-----------------------|---------------------------------|
| Not Eating | Sneezing | Ear Problems |
| Losing Weight | Lame or Limping | Thirst and/or Urination Changes |
| Difficulty Breathing | Pain | Vomiting |
| Coughing or Gagging | Scotting | Hair Loss |
| Diarrhea | Scratching or Licking | Other _____ |
| Eye problems | Lethargic | _____ |

General Consent for Treatment

I, the Owner/Agent, AUTHORIZE Heartland Animal Center to perform such medical and/or surgical procedures deemed necessary at the discretion of the attending Veterinarian that are required for diagnosis and/or the treatment of my animals. I also understand that the owner/agent is financially responsible to Heartland Animal Center for all applicable charges and that payment is to be made at the time of service. I also understand that a Finance Charge of 2% (24%annum) or \$3.00 (whichever is greater) will be assessed on any unpaid balance each month.

Signature of Owner/Agent: _____ Date: _____