Continental
Animal Wellness Center

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 ensure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Owner:_____ Date:_____
Address:_____ Apt. #_____
City: _____ State:_____ Zip Code:_____
Cell Phone:_____ Home phone:_____ Work Phone:_____
Spouse:_____
Cell Phone:_____ Home phone:_____ Work Phone:_____
Email (to sync records with PetDesk):_____
Emergency Contact & Phone:_____
How did you hear about Us?_____
Number of pets: Dogs:____ Cats:____ Other (Specify):_____
Reason for visit?_____

PET HEALTH HISTORY

Name of Pet _____ Dog ____ Cat ____ Other _____
Breed _____ Color_____ Date of Birth _____
Male _____ Neutered _____ Female _____ Spayed _____

Vaccination History (Date and type of last vaccination)

_____

Pet's current medications

_____

Describe your pet's diet

_____

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

- ☐ Behavioral Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst &/or Urinating increased
- ☐ Weakness
- ☐ Vomiting
- ☐ Other_____

_____

_____

Signature: _____