DR. CHRISTI STANDRIDGE, DVM
10908 STATE HWY 75
HORTON, AL 35980
256-281-5066

Welcome

Please fill out all information below to help us insure the best care possible for your pet!

Registration Information

DATE: _____

OWNER: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

SPOUSE: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ 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: _____ BIRTHDATE: _____

☐ MALE ☐ NEUTERED ☐ FEMALE ☐ SPAYED

VACCINATION HISTORY (DATE AND TYPE OF LAST VACCINATIONS): _____

_____

PLEASE CHECK (✓) ANY SYMPTOMS OR PROBLEMS THAT YOU HAVE NOTICED ABOUT YOUR PET:

☐ BEHAVIOR 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/URINATION INCREASE
☐ VOMITING
☐ WEAKNESS
☐ OTHER _____

PET'S CURRENT MEDICATION(S): _____

DESCRIBE YOUR PET'S DIET: _____

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.

SIGNATURE OF OWNER: _____ DATE: _____