

D.C. Vets, Inc.
16302 Clarkes Gap Road
Waterford, VA 20197
540-882-4666

Registration

Owner: _____ Date: _____
Address: _____ Apt #: _____
City: _____ Zip: _____
Home: () _____ Work: () _____ Other: () _____
Spouse: _____ Work: () _____
Email Address: _____

Referring Veterinarian

Name of Hospital: _____
Prim. Veterinarians Name: _____

Pet Registration and Health History

Name of Pet _____ Dog Cat Other _____
Breed: _____ Color _____
Date of Birth: _____ Male Neutered Female Spayed
Are any surgeries or dentals planned? Y N If yes, when _____ and what type
_____. Is your pet: Indoor Outdoor
Cats: FIV/Felv tested Y N if so, when _____ Results _____
Cats/Dogs: Heartworm tested Y N if so, when _____ Results _____
Do any of your pets' relatives have heart disease? _____?
Has your pet traveled in the South or Western part of the county? Y N when _____
What brand of food is your pet eating? _____

Please circle any signs or problems you have noticed in your pet:

Heart Murmur	Increasing Thirst	Seems Depressed
Breathing Problems	Fainting/Collapsing	Diarrhea
Coughing/Gagging	Exercise Intolerance	Vomiting
Wheezing	Weakness	Change in Appetite
Tongue turning blue	Limping	Weight Loss
Bleeding Problems	Loss of Balance	Allergies
Liver Failure	Disorientation	Nasal/Eye discharge
Increased Urination	Other: _____	

Please list all current medications below:

Medication Name	Amt Given	How Often	Date Begun	Refills?
_____				Y/N
_____				Y/N
_____				Y/N
_____				Y/N

When was your pet's last meal given? _____ date _____ time

Temp: _____
Pulse: _____
Resp: _____
Weight: _____
MM: _____