



BRUCE S. NWADIKE, DVM, MRCVS, DACVS  
RODNEY E. OAKLEY, DVM, DACVS  
*Surgery*

## REGISTRATION RECORD

Have you ever been a client of this hospital with this pet or another pet?  No  Yes

If so, which service(s) have you seen?  MASH  Rehab  Emergency

### CLIENT INFORMATION

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Additional #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who is your regular veterinarian that you take this pet to for routine care?

Dr. Name: \_\_\_\_\_ Hospital/Clinic Name: \_\_\_\_\_

### PATIENT INFORMATION

Name of Pet: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ and/or DOB: \_\_\_\_\_

Gender:  Female  Spayed Female  Male  Neutered Male

### VACCINATION HISTORY

Check the box only if you pet is current/up to date of the following:

Dog:  Rabies  DHLPP (Distemper Combo)  Bordatella (Kennel Cough)  Lyme (Tick Diseases)

Cat:  Rabies  FVRCP (Distemper Combo)  FELV (Feline Leukemia)

Heartworm Preventative:  Yes  No Flea/Tick Preventative:  Yes  No

I, as the owner or responsible party, certify that the above information is accurate and have I the legal right to make any necessary medical decisions. I assume all financial responsibility for charges incurred for the patient. I understand that I am liable for all collection costs, up to 100%, incurred for this account.

Submit

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