

# Alpine Veterinary Hospital

4502 Charles St., Rockford, Illinois 61108  
815-399-4808

AVH File No# \_\_\_\_\_

## REGISTRATION

**Please Print**

Title: Mr. / Miss / Ms. / Mrs. / Dr. \_\_\_\_\_

Date: \_\_\_\_\_

Owner Name \_\_\_\_\_  
(First) (Last)

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

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

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-Mail: \_\_\_\_\_

Whom/What were you referred by: \_\_\_\_\_

Previous Veterinarian where records may be obtained.  
\_\_\_\_\_  
\_\_\_\_\_

Your Employer: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

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

Spouse Employer: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Work Phone: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

## PET HEALTH HISTORY

Pet Name: \_\_\_\_\_ Species: Dog / Cat or other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Sex:  Male  Neutered /  Female  Spayed Birthday: Mo. \_\_\_ Day \_\_\_ Yr. \_\_\_

Last Vaccinations: Month \_\_\_\_\_ Year \_\_\_\_\_

Please check (✓) any symptoms or problems you have noticed about your pet.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavior problems  | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Sneezing                       |
| <input type="checkbox"/> Bleeding gums      | <input type="checkbox"/> Limping          | <input type="checkbox"/> Thirst &/or urination increase |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Loss of balance  | <input type="checkbox"/> Vomiting                       |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Scratching       | <input type="checkbox"/> Weakness                       |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Seems depressed  | <input type="checkbox"/> Allergies _____                |
| <input type="checkbox"/> Gagging            | <input type="checkbox"/> Shaking head     | _____   |

\* Are you currently an active client with us: yes / no ?

## AUTHORIZATION

I assume responsibility for all charges incurred in the care of this animal, and for any account maintenance fees incurred are to be paid at the time of the pets' release and that a deposit is required for surgical treatment.

Signature: \_\_\_\_\_