



New Pet Registration Form

First, let us congratulate you on your new family member! We know how much your pet means to you and we value the bond between people and animals very highly. We're dedicated, heart and soul, to ensuring the continued good health and longevity of your pet. Thank you for trusting us with the care of your new pet.

General Information:

Owner's First and Last Name: _____ Pet's Name: _____

Species: Canine Feline Breed: _____ Color: _____

Sex: Male Neutered Male Female Spayed Female

Date of Birth: _____ if unknown, approximate age: _____

Does your pet have a microchip? Yes No Not Sure

How long have you had your new pet? _____

Where did you get your new pet: _____

Medical History:

Is your pet current on vaccines? Yes No Not Sure

Is your pet current on heartworm preventatives? Yes, brand: _____ No Not Sure

Date of last heartworm test: _____

Is your pet current on flea/tick preventatives? Yes, brand: _____ No Not Sure

Has your pet been diagnosed with any health conditions? Yes No If yes, please describe:

Is your pet on any daily medications: Yes No If yes, please list:

Behavior:

Aggressive Dog Aggressive Prefers woman / men Fearful/Shy (go slow)

My pet has no known behaviors that should be disclosed for the safety of my pet and the OHAH staff

Medical Records: Please provide a copy of your pet's medical records when you check in for your appointment.

For hospital staff only – verified pet information and vaccine reminders in computer _____