



Dr. Nickel's Animal Hospital

315-736-2000

Fax: 315-292-5556

REGISTRATION

Date: _____

Owner's name: _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

How do you prefer to be contacted? _____

PET HEALTH HISTORY

Name: _____ Species (circle): Dog Cat Date of Birth: _____

Breed: _____ Sex (circle): M F Neutered/Spayed: _____

Current medications: _____

Current diet: _____

Previous surgeries, illnesses or other health issues: _____

What is the total number of pets you have in your home? _____

If you have more than one pet, please fill out the reverse side of this form.
Knowing about all your furry friends helps the veterinarian provide your pets the best care possible.

AUTHORIZATION

Your pet's medical records are protected by law and cannot be released to anyone without your permission. If you would like to authorize another person(s) to act as your agent(s), you may do so below. That person(s) will have access to your pet's medical record and will be authorized to make decisions about your pet's care in your absence. Please be advised that you, as the owner, will be financially responsible for any decisions made by your authorized agent(s). You may update this information in writing at any time.

AUTHORIZED AGENT NAME	PHONE	RELATIONSHIP TO OWNER

There may be times when your pet's vaccination or medical information may be requested by outside individuals (boarding and grooming facilities, law enforcement, other veterinarians, etc.). Information will not be given to any individual seeking it for any purpose that is not in the best interest of the pet or the public.

___ I authorize you to release ONLY my pet's **vaccination** information

___ I authorize you to release my pet's **vaccination AND medical** information

I hereby authorize Dr. Nickel to examine and treat the pet(s) described herein. I assume responsibility for all charges incurred and understand that these charges are due at the time of treatment.

OWNER SIGNATURE

PRINT

DATE

PET #2 HEALTH HISTORY

Name: _____ Species (circle): Dog Cat
Breed: _____ Sex (circle): M F Neutered/Spayed
How did you obtain the pet? (circle) Pet Store Shelter Breeder Other: _____
How old was the pet at the time you brought him/her home? _____
Current medications: _____
Current diet: _____
Previous surgeries, illnesses or other health issues: _____

PET #3 HEALTH HISTORY

Name: _____ Species (circle): Dog Cat
Breed: _____ Sex (circle): M F Neutered/Spayed
How did you obtain the pet? (circle) Pet Store Shelter Breeder Other: _____
How old was the pet at the time you brought him/her home? _____
Current medications: _____
Current diet: _____
Previous surgeries, illnesses or other health issues: _____

PET #4 HEALTH HISTORY

Name: _____ Species (circle): Dog Cat
Breed: _____ Sex (circle): M F Neutered/Spayed
How did you obtain the pet? (circle) Pet Store Shelter Breeder Other: _____
How old was the pet at the time you brought him/her home? _____
Current medications: _____
Current diet: _____
Previous surgeries, illnesses or other health issues: _____

PET #5 HEALTH HISTORY

Name: _____ Species (circle): Dog Cat
Breed: _____ Sex (circle): M F Neutered/Spayed
How did you obtain the pet? (circle) Pet Store Shelter Breeder Other: _____
How old was the pet at the time you brought him/her home? _____
Current medications: _____
Current diet: _____
Previous surgeries, illnesses or other health issues: _____