

Offutt Veterinary Clinic

Registration Form



Personal Information

Owner Legal Name: _____ Date: _____
Address: _____ City _____ Zip Code _____
Phone No. : _____ Secondary number: _____
Email: _____

Payment Method: Cash Card Care Credit **(Checks Not Accepted)**

Pet Name: _____ Species: Dog / Cat
Breed: _____ Neutered? Yes / No
Weight: _____ Sex: Female / Male
Colors: _____ Markings: _____
DOB: _____ Age: _____

Vet History

→ Reason for visit: _____
Pet's first Vet visit? Yes / No
Will you be requiring prescriptions of any kind today? Yes / No
Regular Vet: _____ Phone: _____
Immunizations Current? _____ Last Updated: _____

Shots Required Today: Rabies DAPP Kennel Cough FCRP

Current Medication: _____

Known Allergies: _____

Registration Agreement

I, the pet's owner, consent and authorize my pet to be examined and diagnosed by the veterinarian, who can call me at my phone number listed above in order to discuss solutions and procedures. I swear and attest that my pet's vaccinations are current and that all of the information listed above is true to the best of my knowledge. I agree to pay in full for the services rendered including but not limited to: sedation, wound care, injections, any and all prescriptions from Dr. Offutt.

_____ Signature
_____ Date

For Veterinary Staff Use Only

Symptoms

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear Odor/Discharge | <input type="checkbox"/> Eye Odor/Discharge |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Lesions | <input type="checkbox"/> Limping | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Bloody Urine | <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Increased Urine |
| <input type="checkbox"/> Bloody Stool | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Weight Loss |

Other Symptoms: _____

Duration of Symptoms: _____

Frequency of Symptoms: _____

before you go!

Once you have filled out your registration form and scheduled your appointment with our staff. (Be sure to call the clinic and make an appointment, while we take walk-ins you could end up spending your afternoon in the waiting room!) Print your form and have it with you when you come in or send it to our clinic at : offuttvetclinetn@gmail.com . Go ahead and forward any pet medical records too!

A few rules for pets:

1. Keep Your Pet(s) Contained – Who Let the Dog Out?

- We try to keep things moving at a fast pace on small animal days, however chances are you may end up in the waiting room with other pets, so be sure to have a leash and collar on your dogs and keep your cat in its carrier.

2. Keep the Waiting Room Clean - No Muss No Fuss

- If your pet has an accident, please alert the staff so that we can prevent the mess from being distributed through the clinic. (Feel free to make use of the yard before coming in the building if you think your pet may need to relieve his or herself 😊)

3. Keep Puppies Off the Floor - Paws Off

- New puppies that have yet to receive all of their puppy shots (DAPPV) should not be put on the clinic floor. Due to the number of dogs in the building we can't be certain that they aren't spreading disease and puppies are highly susceptible. In the interest of keeping your puppy healthy either hold it in your lap or bring a carrier instead.

Thank you for reading, and we can't wait to see you!

-Staff