

## Check-In Sheet

Please verify any information that may have changed since your last visit or you may want added into our system. If nothing has changed please check the box below.

Make sure to read the bottom half of the form which pertains to your pet's health history and payment.

Thank you!

## REGISTRATION

No changes		<u></u>		
Owner:		Date:		
Address:				
Email Address:				
Home Number:		Cel	Phone:	
Spouse/Co-Owner:		Phone:		
Emergency Contact: How did you learn of our clinic?	□ Basemmendation	Phone:	Phone Directory	
now did you learn of our clinic?	Sign	Other	Phone Directory	
If recommend, by whom?				
Number of pets: Dogs	Cats	Other (spe	ecify)	
	Cats Other (specify)			
	PET HEALTH H	NAUTORY		
_			_	
Name of Pet:	Dog	□Cat □	Other	
Breed:Male	Color:		Birthdate:	
		Female [	Spayed	
Vaccines Done Elsewhere?		Phone	e:	
Please check (X) any symptoms or		-		
Behavior Problem	_ ' '		rst and/or Urination Increased	
☐ Breathing Probler	_	□Vor	•	
Coughing	☐ Scratching		akness	
☐ Diarrhea	☐ Shaking He	ad □Oth	ner	
□ Lack of Appetite	☐ Sneezing	_		
Pet's Current Medications:				
Describe Your Pet's Diet: (how mu		(how often)		
(extra	treats)			
Prevention? Flea/Tick:		Heartworm:		
Do you need any preventative toda Multiple pet visits on the back. →	y?	No		
Thanks agai	n for choosing She	elton Veterina	arv Clinic.	
	your pet's needs		-	
	•		•	
online to our	website to let us k	now how we	did today!	
11	- d- 0			
How will you be paying t	-	Cradit	Caro Cradit	
□Cash □C	CheckDebit	Credit	Care Credit	

## PET HEALTH HISTORY (continued)

Name of Pet:	Dog	<b></b> □Cat	Other		
Breed:			Birthdate:		
Male	Neutered	Female	Spayed		
Vaccines Done Elsewhere?			Phone:		
Please check (X) any symptoms or	problems that you have w	ith your pet.			
□ Behavior Problem			□Thirst and/or Urination Increased		
□ Breathing Probler	ms □ Scooting	1	□Vomiting		
☐ Coughing	☐ Scratchii		□Weakness		
☐ Diarrhea	□ Shaking	Head	□Other		
□ Lack of Appetite	☐ Sneezing				
Pet's Current Medications:					
Describe Your Pet's Diet: (how mu	Pet's Diet: (how much) (how often)				
	treats)				
Prevention? Flea/Tick:		Heartworm:			
Do you need any preventative toda	y? Yes	No			
Name of Pet:	Dog	□Cat	Other		
Breed:	Color:	Поас	Birthdate:		
Male	Neutered	☐ Female	OtherBirthdate:		
Vaccines Done Elsewhere?			Phone:		
Please check (X) any symptoms or problems that you have with your pet.					
Please check (X) any symptoms or		ith your pet.	Phone:		
Please check (X) any symptoms or Behavior Problem	problems that you have w	ith your pet.	☐Thirst and/or Urination Increased		
	problems that you have was Limping				
☐ Behavior Problem☐ Breathing Problem☐ Coughing	problems that you have was Limping	1	☐Thirst and/or Urination Increased		
☐ Behavior Problem☐ Breathing Probler	problems that you have was Limping as Scooting	l ng	☐Thirst and/or Urination Increased ☐Vomiting ☐Weakness		
☐ Behavior Problem☐ Breathing Problem☐ Coughing☐ Diarrhea☐ Lack of Appetite	problems that you have was Limping Scooting	ng Head	☐Thirst and/or Urination Increased ☐Vomiting		
☐ Behavior Problem☐ Breathing Problem☐ Coughing☐ Diarrhea☐ Lack of Appetite  Pet's Current Medications: ☐	problems that you have was Limping Scooting Scratching Sneezing	ng Head g	☐Thirst and/or Urination Increased ☐Vomiting ☐Weakness ☐Other		
☐ Behavior Problem☐ Breathing Problem☐ Coughing☐ Diarrhea☐ Lack of Appetite  Pet's Current Medications:☐ Describe Your Pet's Diet: (how mu	r problems that you have was Limping Scooting Scratching Shaking Sneezing	ng Head g(how o	☐Thirst and/or Urination Increased ☐Vomiting ☐Weakness		
☐ Behavior Problem☐ Breathing Problem☐ Coughing☐ Diarrhea☐ Lack of Appetite☐ Pet's Current Medications:☐ Describe Your Pet's Diet: (how mu (extra	r problems that you have wens Limping Scooting Scratching Shaking Sneezing sch)	ng Head g (how o	☐Thirst and/or Urination Increased ☐Vomiting ☐Weakness ☐Other		
☐ Behavior Problem☐ Breathing Problem☐ Coughing☐ Diarrhea☐ Lack of Appetite  Pet's Current Medications:☐ Describe Your Pet's Diet: (how mu	r problems that you have was Limping society Scratching Shaking Sneezing	ng Head g (how o	☐Thirst and/or Urination Increased ☐Vomiting ☐Weakness ☐Other		