



**FULTON**  
ANIMAL HOSPITAL

**330-854-2666**  
FultonAnimalHospital.net

## Welcome

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill out this form. Thank You!

### Registration

Name of Owner: \_\_\_\_\_ SSN/DL# \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Spouse: \_\_\_\_\_ SSN/DL# \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you learn about our clinic?  
\_\_\_\_ Yellow Pages \_\_\_\_ Sign \_\_\_\_ Recommendation \_\_\_\_ Other  
If recommended, by whom? \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Would you like E-Mail reminders? \_\_\_\_ Yes \_\_\_\_ No

### Pet Health History

Name of Pet: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: Male Male Neutered Female Female Spayed  
Vaccine History: \_\_\_\_\_  
Major Surgeries or Medical Illnesses: \_\_\_\_\_  
Current Medications (including vitamins/supplements): \_\_\_\_\_  
Current Diet (Including Treats): \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_