

# Rancho Viejo Animal Hospital

## Additional Animal Registration

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle one : Dog    Cat    Other

Circle one: Male    Female    Is your pet Neutered/Spayed?    Yes    No

Breed \_\_\_\_\_ Color \_\_\_\_\_

What do you feed your pet & how much per day? \_\_\_\_\_

Is your pet on any medications? Yes(please list) \_\_\_\_\_ No \_\_\_\_\_

Does your pet have a microchip ID? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allergic to any medication or vaccines? Yes(please list) \_\_\_\_\_ No \_\_\_\_\_

Please list the date of each vaccine below:

Dogs: DistemperParvo \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Cats: FVRCP \_\_\_\_\_ FeLV \_\_\_\_\_ Rabies \_\_\_\_\_

---

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle one : Dog    Cat    Other

Circle one: Male    Female    Is your pet Neutered/Spayed?    Yes    No

Breed \_\_\_\_\_ Color \_\_\_\_\_

What do you feed your pet & how much per day? \_\_\_\_\_

Is your pet on any medications? Yes(please list) \_\_\_\_\_ No \_\_\_\_\_

Does your pet have a microchip ID? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allergic to any medication or vaccines? Yes(please list) \_\_\_\_\_ No \_\_\_\_\_

Please list the date of each vaccine below:

Dogs: DistemperParvo \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Cats: FVRCP \_\_\_\_\_ FeLV \_\_\_\_\_ Rabies \_\_\_\_\_