

Warranwood Veterinary Centre

The Best of Care for People and their Pets

HOSPITAL REGISTRATION FORM FOR YOUR PET

To assist us in keeping your pet healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name Mr / Mrs / Ms / Miss

Address

e-mail Post Code

Home Number Mobile Number

Name of Pet Species Age

Sex M / F Desexed? Y / N Colour

Date of Purchase / How long have you had your pet?

Source: Pet shop Friend Breeder Other (please specify)

How did you hear about us? Friend Other Clinic Internet

Other (please specify)

Do you keep other pets?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently.

YOUR PET'S ENVIRONMENT

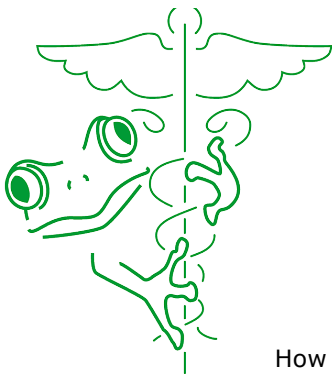
Is the pet confined in an enclosure or at times allowed to wander in the house?

If allowed out, where?

If house in an enclosure, where is the enclosure? – Draw a plan of the room on the back of this page indicating how close are windows (double-glazed?), doors and sources of heat. Include sizes if possible.

How is the room/house heated e.g. centrally by radiators, storage heaters, ducted warm air?

What plants, if any, does your pet have access to?



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Describe any changes in household since you acquired your pet.

How often do you check the enclosure?

How is the enclosure cleaned? How often?

Enclosure/Aquarium Furniture

What is the enclosure furniture e.g. hide boxes, basking areas? Include these in the cage plan.

How often are these cleaned and how?

Heat sources

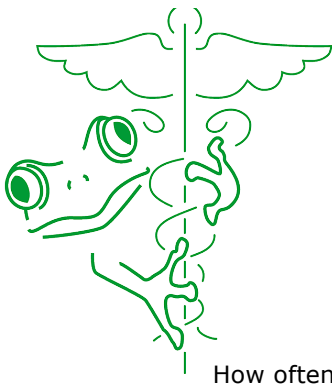
Describe the heating, if any, of the enclosure.

Are there thermometers and, if so, where are they positioned? What temperature are they set at?

Lighting

Describe the lighting, UV (*BRAND and STRENGTH, when last changed*) and any access to natural- not through glass or perspex - sunlight).

How long is your pet kept in the light (both natural and artificial)?



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YOUR PET

How often do you check your pet?

How often is your pet handled?

REPRODUCTION

What is your pet's breeding history?

Does it display sexual activity?

Has your pet reproduced? If so, when and how many young?

FOOD

What diet do you feed? (Indicate the percentage of the diet that each item occupies)

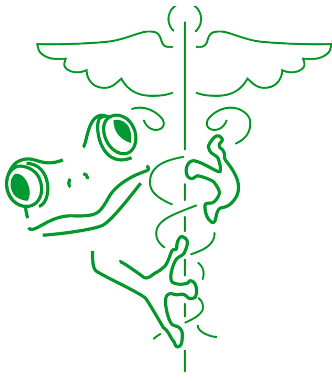
How often do you feed your pet?

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc. Are these given in food or in water? If so, how often?

How long have you fed this diet?

What was the previous diet?

What is your pet's favourite food?



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MEDICAL HISTORY

Who are the veterinary surgeons that have previously treated your pet?

Briefly list all past medical problems, including dates and medications. (Include referral letter or history from previous vet, if possible)

Describe in detail the current problem with your pet (ie why you are here!)

How long has this problem been present & is it getting better or worse?

Is there anything else that you think is important for us to know?

THANK YOU FOR FILLING OUT THIS DETAILED FORM!

***Please note that payment is required at time of consultation
We do not accept cheques***

Payment Method (***Please circle***): CASH EFTPOS CREDIT CARD