

Urban Pet_{Rx}

Canine Patient Registration Form

We are so excited to get to know your fur buddy! The first thing you should know is that we are a judgement free zone. If you don't know how to answer something or are unsure of what something means, we are here to help! If your pet is overdue for vaccines, we understand life happens, you're here now! Concerned about costs? No problem, we will provide you with an estimate before you spend any money and then every step of the way.

Please tell us immediately if your pet is aggressive or has scratched or bitten any person or animal.

Patient Information

Name: _____ Breed: _____

DOB: _____ Sex: _____ Spayed/ Neutered (y/n): _____

Coat Color: _____

➤ When did you acquire your pet?: _____

➤ From where did you acquire your pet (Breeder, Shelter, Friend etc): _____

➤ Your pet is a (mark all that apply): Family Member | Service Animal | Foster | Show Animal
 Indoor (_____% of time) and outdoor unsupervised (_____% of time)
 Indoor Only (paper trained) | Indoor Except for Walks

➤ Does your pet have any favorites (e.g., Loves playing fetch/butt scratches/walks/peanut butter)? _____

➤ Is your pet aggressive? No | Yes. If yes, towards: Humans | Animal → Explain below.

3113 S. Morgan Street, Chicago, IL 60608 // 773-801-0771 // TeamPet@UrbanPetRx.com // UrbanPetRx.com

Urban Pet_{Rx} is owned and operated by Purrfect Beggars Pet Clinic, LLC

Medical Information

➤ Does your pet have any previous illness or surgeries? _____

➤ Does your pet have allergies to vaccines, medications, or food? _____

We require complete medical records for vaccine and medical history from adoption source or previous veterinarian prior to your scheduled appointment. Please note, future vaccine reminders are a courtesy service only.

➤ **List of All Medications & Supplements** (attach additional page if necessary)

| <i>Name</i> | <i>Concentration</i> (e.g. 500mg/tablet) | <i>Amount</i> (e.g., 1 and ½ tablets) | <i>Directions</i> (e.g., 2 tablets by mouth 2 times/day) |
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Print Owner/Agent Name

Date

Signature