



Fieldstone Registration Form

Date: _____

*New Clients please fill form out completely. Each pet needs its own form.
Returning Clients please fill out any information that *may have* changed.

Pet's Name: _____

Client Name: _____

Breed: _____

Address: _____

Color: _____

City, State: _____

Birthdate: _____ Age: _____

Zip Code: _____

Weight: _____ Gender (please circle): Male or Female

Home Phone: (____) _____

Spayed / Neutered (please circle): Yes or No

Work Phone: (____) _____

Pet Insurance (please circle): Yes or No
If yes, Please list provider: _____

Cell Phone: (____) _____

Consent to take pet(s) picture for Facebook? _____

E-Mail: _____

*Note: Full payment is due at time of service. For your convenience we accept Mastercard, Visa, AMEX, Discover, Care Credit, cash and check. Please notify our receptionist if you have any questions.

Please complete the following about your pet's health.

1. Do you use a heartworm preventative? Yes No If yes, list name _____ Date last given: _____
2. Do you use a flea/tick preventative? Yes No Have you seen fleas or ticks on your pet? Yes No
3. What brand of food do you feed your pet? _____ How much / How often: _____
4. Do you provide dental care for your pet? Yes No
5. Have you noticed any lumps or bumps on your pet? Yes No If yes, please explain:
6. Have you noticed any skin or coat problems on your pet? Yes No If yes, please explain:
7. Check if you have noticed any of the following:
 Coughing or labored breathing Limping Tiredness or sluggishness Increased thirst Diarrhea
 Vomiting Increased urination Constipation Increase/ Decrease weight Other and explain:

8. Please list any health issues you would like to discuss with the veterinarian.

9. How did you hear about us?

- Newspaper Ad Valpak Ad Clippers Magazine Internet/Website Mt Pleasant Hospital For Animals
 Referring Veterinarian Personal Referral (name) _____