



Welcome

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

Registration

Date: _____
 Owner: _____ Cell Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Spouse Work: _____
 Spouse: _____ Spouse Cell: _____
 Email Address: _____
 How did you hear about us? Internet Sign Referral Other: _____
 If recommended, by whom? _____

Pet Health History

Pet Name: _____ Dog Cat Other: _____
 Breed: _____ Color: _____ Birthday: _____
 Male Neutered Female Spayed
 Vaccination History (date & type of last vaccine): _____

Please check any symptoms or problems that you have noticed your pet experiencing:

- | | | |
|---------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Lack Of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst and/or |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | Urination Increased |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | _____ |

Please list any current medications your pet is taking: _____

Describe your pet's diet: _____

Authorization

I will allow photographs of my pet to be published on the Hilton website or on social media
 Yes No

I will allow the release of my pets records to a referral center or another veterinary hospital if requested Yes No

I hereby authorize the veterinarian to examine, prescribe for, or treat the above 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 is required for surgical treatment.

Signature of Owner: _____ Date: _____