

Bayshore Veterinary Clinic of L'Anse
438 Main Street
L'Anse, MI 49946
906-524-5678
Canine Patient Registration Form

Name of Owner _____
Last First Middle

Home Address _____

City State Zip

e-mail address _____

Drivers License/SS# ____ See Attached ____ (This information is needed in case of anesthetic or prescription of certain controlled medications)

Name of Spouse/Partner _____ **Home Phone** _____

Other Phone _____ (business, employment, relative, neighbor)

Referred by Whom _____ Previous Veterinarian? _____

Animal Information

Breed _____ Name _____ Color _____

Birth Date _____ Male Neutered Female Spayed

Date of Last:

1. Distemper Parvovirus Vaccination (DHLPP-CV) _____
2. Rabies Vaccination _____
3. Lyme Vaccination _____
5. Kennel Cough Vaccination (Bordetella) _____
6. Heartworm Check (Blood Test) _____ Results _____
7. Has your dog been on Heartworm Medication? _____
8. Last Stool Exam (for Intestinal Parasites) _____
9. Has your dog ever been dewormed? _____ When? _____

Are there any chronic medical problems of which we should be aware? _____

Please explain _____

Is your dog currently on any medications? (If so, please list them) _____

Do you have any other dogs? _____ How many? _____ Cats? _____ How many? _____

What brand of dog food do you currently feed? _____

Form of Payment

Cash _____ Personal Check _____ Visa/Mastercard/Discover _____

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

Date: _____ **Please sign to consent to treatment:** _____

For Office Use: Identification Verified Date _____ **Initials** _____