



LaCroix Veterinary Hospital

PET REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

Spouse/Housemate's
Owner's Name _____ Name _____

Pet's Name: _____ Breed: _____ Birth date: _____

☐ Dog ☐ Cat ☐ Male ☐ Female ☐ Spayed or Neutered Colors: _____

Where did you get your pet – Breeder? Pound? Friend? Other? _____

Is your pet on heartworm and/or flea prevention? ☐ Yes ☐ No If so, which ones? _____

What do you feed your pet – Prescription? Commercial? Table Scraps? _____

How often daily do you feed your pet? _____

Do you supplement with treats, vitamins, etc.? If so, which ones? _____

Is your pet “inside only”, “inside/outside”, or “outside only”? _____

If outside, how many hours per day? _____ Fenced or unfenced? _____

Please share your pet's history – ongoing health problems (include current medications), allergies, prior illness or trauma, behavior problems, personality “quirks,” etc. Also, please let us know about concerns you have regarding your pet _____

