

Zebulon Animal Hospital
1403 North Arendell Ave | Zebulon, NC 27597
(919) 269-4500 | Fax: (919) 269-4426

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:

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

Pet's Name: _____ Breed: _____ Date of Birth: _____

___ Dog ___ Cat ___ Bird ___ Other ___ Male ___ Female ___ Spayed ___ Neutered

Color and Markings: _____ Where did you get your pet? _____

Is your pet on heartworm and/or flea prevention medications? ___ Yes ___ No If yes, which one(s)? _____

Reason for visit: _____

What do you feed your pet? Commercial? Prescription? Table scraps? _____

How many times a day do you feed your pet? _____

Do you supplement with treats/vitamins? ___ Yes ___ No If yes, which one(s)? _____

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 may have regarding your pet. _____

List the names and types of other animals that you own: _____

Signature of responsible party: _____