



MEDWAY ANIMAL HOSPITAL

66 West Street | Medway, MA 02053

Phone: (508) 533-6783 | Fax: (508) 533-5062

NEW CANINE REGISTRATION FORM

Owner's Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Employer: _____

Emergency Contact Name: _____ Phone Number: _____

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

Breed: _____ Color: _____

Sex: Male Neutered Female Spayed

Where did your purchase/adopt your pet? _____ How long have you owned your pet? _____

Multiple pet household? Yes No

Is your dog vaccinated against: Canine Distemper Rabies Lyme Bordetella (Kennel Cough)

If so, when? _____

If your dog has been tested for heartworm, please provide results: Positive Negative Date: _____

If your dog has been tested for Lyme, please provide the results: Positive Negative Date: _____

Date of most recent worming: _____

Has your dog been hit by a car? Yes No

Does your dog have any other medical problems or is on any medication at this time? (*check is applicable*) Sneezing

Coughing Wheezing Excessive Drinking Appetite Excessive Urination Vomiting Diarrhea

Runny Eyes Listlessness/Hiding Excessive Licking Other: _____

What brand/type of dog food do you feed your dog? _____

How many times per day do you feed your dog? Once Twice Free Choice

Is your dog given nutritional supplements? Yes No

Does your dog eat foreign objects? Yes No If so, what? _____

What is your dog's activity level? Highly active Active Moderate Couch Potato

How did you hear about our hospital? Ad Friend Professional Referral Yellow Pages Other

Would you like to receive email reminders or health updates? Yes No

EMAIL COMPLETED FORM to medwayvet@verizon.net