

# OREV Patient Registration Form

To be completed for new patients ONLY with scheduled appointments.

## OWNER INFORMATION

### Client Name \*

First Name      Last Name

### Client Phone \*

Please enter a valid phone number.

### Client Email \*

example@example.com

### Address \*

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

### Co-Owner Name

First Name      Last Name

### Co-Owner Phone

Please enter a valid phone number.

### Co-Owner Email

**Do you authorize this person to make urgent decisions if you are unreachable?**

Yes

No

**PET INFORMATION**

**Pet Name \***

**Dog or Cat? \***

Canine

Feline

**Gender \***

Male

Female

**Neutered/Spayed? \***

Yes

No

**Age/DOB \***

**Breed \***

**Primary Veterinarian \***

**Vet Clinic \***

**When was the last time your pet was seen by a veterinarian and where? \***

**Other Clinics with Pertinent Records:**

By listing your primary care veterinarian above, you are authorizing our hospital to release patient information to the additional hospital listed.

**Briefly describe your pet's problem and onset/duration: \***

**What best describes the progression of your pet's symptoms? (Select all that apply) \***

Acute onset

Gradual onset

Worse

Improving

Same since onset

**What is your goal for today's visit? \***

**Has your pet had any previous surgeries or medical conditions? \***

Yes

No

**If yes, explain:**

**Has your pet ever had a reaction to any type of medications or injections? \***

Yes

No

**If yes, explain:**

**Has your pet ever had a seizure? \***

Yes

No

**If yes, explain:**

**Has your pet had any recent vomiting, diarrhea, coughing, sneezing? \***

Yes

No

**If yes, explain (frequency and last episode):**

**Current diet: \***

**Food allergies: \***

**Does your pet consume raw meat? \***

Yes

No

**Is your pet's energy level: \***

Increased

Decreased

Normal

**Is your pet's appetite: \***

Increased

Decreased

Normal

**Is your pet's water intake: \***

Increased

Decreased

Normal

**Is your pet's urination: \***

Increased

Decreased

Normal

Please list current medications (including supplements and flea/heartworm preventatives):

**Medication Name | Strength/Dosage | How Often | Last Given: \***

**How did you hear about us? \***

**Can we share your pet's pictures on our social media? \***

Yes

No

I hereby authorize OREV to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of my pet from OREV.

**Date \***

Month Day Year

**Owner's signature for consent: \***