



1577 W Deer Crest #110
Meridian, ID 83646
(208) 884-1611
www.ParamountAnimalCare.com

Patient Registration Form

Owner (Last name, first) _____ Date _____

Address _____ City _____ Zip code _____

Email Address _____

Home Phone (____) _____ Cell Phone(____) _____ Work Phone(____) _____

Occupation _____ Employer _____

Spouse/Co-owner _____ Phone (____) _____

Email Address _____

Emergency Contact Name _____ Phone (____) _____

How did you learn of our clinic? Recommendation _____ Sign _____ Website _____

Phone Directory _____ Other _____

If recommended, by whom _____

Number of Pets _____ Dogs _____ Cats _____ Other(Specify) _____



1577 W Deer Crest #110
Meridian, ID 83646
(208) 884-1611
www.ParamountAnimalCare.com

Pet Health History

Name of Pet _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ Birth date _____

Male _____ Neutered _____ Female _____ Spayed _____

Vaccination history (Date and type of last vaccine)

Please check any symptoms or concerns you are having with your pet

- Behavior problems Lack of Appetite Sneezing Bleeding Gums
 Limping Thirst and/or urination increase Breathing Problems
 Loss of Balance Vomiting Coughing Scooting
 Gagging Diarrhea Scratching Weakness
 Eyes Bulging or bloodshot Seems Depressed
 Shaking head Other: _____

Pet's Current Medications/Supplements _____

Describe your pet's diet _____ Allergies _____

Payment

I UNDERSTAND THAT FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

I assume responsibility for charges incurred while receiving care at Paramount Animal Care. I understand that not only will payment be required upon release of pet but that additional deposit may be required for certain surgical procedures.

Preferred method of payment Cash Credit Card Care Credit

Authorization of Profession Services

I authorize the veterinarian at Paramount Animal Care to examine, treat, or prescribe for the above described pet.

Signature of Owner _____ Date _____