

Puppy/Dog Registration

Name of pet _____ Date of birth _____

Breed _____ Color/markings _____

How long has this dog lived with you or been under your care?

Where did you acquire this dog? HSSV Breeder Relative/friend Stray

Other If other, please explain: _____

Sex (check one): male neutered male (not neutered)

female spayed female (not spayed)

Has your pet been seen at another veterinary hospital prior to today's visit? Yes No

If yes, what was the approximate date your pet was last seen? _____

Where? _____

What is the reason for today's visit? _____

SIGNATURE _____ DATE _____

Thank you!