Wellness Registration

Maddie's Shelter & Community Medicine
930 Campus Road, Ithaca, NY 14853 - (607) 253-3857

Owner Information:

Last Name:_____ First Name:_____

Street Address:_____Apt #: _____

City:_____ State:_____ Zip code:_____

Phone Number:_____Emergency #, if different:_____

Email:_____

Pet Information:

Name:_____ Sex: ○M ◉F Age:_____ Spayed/Neutered? ○Y ○N

Breed:_____ Color:_____

Date of last vaccination if known: Rabies: _____ DHPP/FVRCP ('Distemper'): _____

1. Has your pet ever been to a veterinarian? ○Yes ○No
2. If you circled yes, when was the last visit, approximately? _____
3. For females, has your pet had a live litter? ○Yes ○No
4. If your pet is not spayed or neutered, are you interested in learning more about low cost spay/neuter clinics? ○Yes ○No
5. Has your pet ever bitten anyone? ○Yes ○No
6. Do you want your pet to be microchipped? ○Yes ○No
7. Would you like your pet treated for fleas, ticks, and heartworm? ○Yes ○No
8. Is your dog or cat a *registered service animal or a registered emotional support animal*, or a *companion animal/pet? Please list below:*

   _____
9. Any history of allergies or reactions, especially to vaccines? Please explain.

   _____
10. Do you have any medical concerns with your pet? Please explain.

    _____

I request that my pet be examined and vaccinated today by students and faculty of Maddie's Shelter & Community Medicine. I acknowledge that my pet appears to be in good health. I have been made aware of the rare risks of vaccination, and will seek appropriate veterinary attention at another facility, at my own cost, if needed for my pet. Veterinary services are limited to basic care. I hereby waive claims against the property owners of the facility at which the clinic is being held, and Maddie's Shelter & Community Medicine.

Owner signature:_____Date:_____