

**Registration Form  
PETS IN NEED CLINIC (PINC)**

Please fill in all the spaces requiring information. This form, accompanied by a signed referral letter from an agency or clergy member, must be received by **Monday, January 31, 2011**. It can be faxed to: (585) 321-9975, sent to: Henrietta Animal Hospital, 3156 East Henrietta Road, Henrietta, NY 14467, or emailed to: [drbrownstein@henriettahosp.com](mailto:drbrownstein@henriettahosp.com).

So that we might better serve you and your pet, please provide any additional information about your pet's medical history at the bottom of this sheet.

Thank you.  
Michelle Brownstein, DVM

**Please print:**

Owner's Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Social worker/case worker/Clergy Name \_\_\_\_\_  
Case number \_\_\_\_\_

**Brief statement of your need and future plans for your pet's medical needs**

\_\_\_\_\_  
\_\_\_\_\_

Pet's Name \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Age \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, date of last heat? \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of last vet visit \_\_\_\_\_ Name of last veterinarian, if any \_\_\_\_\_  
Past vaccination history \_\_\_\_\_  
What do you feed your pet? Canned \_\_\_\_\_ Dry \_\_\_\_\_ Brand \_\_\_\_\_  
Heartworm tested? Yes \_\_\_\_\_ No \_\_\_\_\_  
Feline Leukemia tested? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your cat go outside? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your pet de-wormed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list current or past medical problems or any problems associated with vaccinations.**

Is your pet taking any medication, vitamins or supplements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list them:

Additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Henrietta Animal Hospital reserves the right to deny service if your pet is deemed too aggressive and/or cannot be restrained in a safe manner. Fractious animals MUST be muzzled by their owner.

The parties agree that \_\_\_\_\_ is acting as a referral agency only and  
(name of referring agency)  
assumes no liability regarding the provision of veterinary services by Henrietta Animal Hospital.

I, \_\_\_\_\_ agree to hold Henrietta Animal Hospital, its employees, and volunteers free from all damages and liability regarding the administration of vaccines, medication, or other veterinary services to my pet(s).

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_