



Aurora Animal
Care Center, Inc.

Aurora · Mantua · Streetsboro
(330) 562-5100 · AuroraVet.com

New Client Registration

We are currently only accepting new clients for non-urgent visits to establish long term patient care. This questionnaire consists of 3 pages used to collect information needed by the doctors and staff at The Aurora Veterinary Clinic, Streetsboro Veterinary Center and Mantua Veterinary Clinic in order to provide the best care for our patients. During your first visit, we will confirm all of this information with you.

Please answer the questions to the best of your ability.

Today's Date: _____

Primary Responsible Party

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Primary Phone Number: _____

Drivers License Number: _____

Additional Authorized Agents (i.e. partner/family/friend)

First Name: _____ Last Name: _____

E-mail: _____

Primary Phone Number: _____

Preferred Location: Aurora Streetsboro Mantua

How did you hear about us? _____

Human Health Considerations

We often use human food products and scented cleaning supplies prior to and during your pets visit. **If you or someone in your home has a food allergy or a sensitivity to fragrances and/or cleaning supplies, list them below.**

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Our Code of Conduct

I understand that Aurora Animal Care Center is a healing environment. Respectful communication and collaboration between our team members and you, our client, is essential to provide optimal patient care. I understand that just as I would expect empathy, patience, honesty, and kindness from the team at AACC, our team is deserving of the same. There is **ZERO TOLERANCE** for all forms of aggression and disruptive behavior. Such behavior will result in termination of the veterinary-client-patient relationship.

Initial to agree:

I understand and agree to abide by the Client Code of Conduct

Pet Information and History

Pet's Name: _____ Age and/or Date of Birth: _____

Species: Canine Feline Other _____

Breed: _____ Color: _____

What is the sex of your pet?

Female Male Female Spayed Male Neutered

How long has your pet lived with you? _____

Where did you obtain your pet? _____

Do you have insurance for your pet? If so, please provide the insurance company and type of coverage:

Pet Medical History: (Please include chronic conditions, allergies, medications, supplements)

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Any medical records can be emailed to auroraveterinary@gmail.com. Please provide us the name, phone number, city and state of all previous care providers. If your pet hasn't been to a veterinary clinic yet, please bring any previous records with you to their appointment.

Ohio Revised Code HB 446 requires a rabies vaccine to prevent the transmission of a fatal viral infection.. In order to stay within accordance, AACC requires all pets within our practice be vaccinated every 1 to 3 years.

- Portage County Board of Health - Ohio Revised Code Title 7 Chapter 21.06
- Cuyahoga County Board of Health - Ohio Revised Code Section 3709.21
- Geauga County Board of Health - Ohio Revised Code Section 955.26
- Summit County Board of Health - Ohio Revised Code Chapter 1230

Initial to agree:

I understand that all animals under the care of the Aurora Animal Care Center will require a Rabies vaccination.

I am the owner and hereby authorize the veterinarian to examine, prescribe for and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid in full, at the time of release of the pet.

Signature of responsible party

Date