

Owner/Patient Registration

Thank you for giving us the opportunity to care for your pet. Please print and complete all information.

Date \_\_\_\_\_

Owner's Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Pet's Name \_\_\_\_\_ Male  Female  Age/DOB \_\_\_\_\_

Dog  Cat  Breed and Color \_\_\_\_\_

Any other pets at home? \_\_\_\_\_

If yes, Number of dogs \_\_\_\_\_ cats \_\_\_\_\_ other \_\_\_\_\_

Has your pet been spayed/castrated? Yes  No

What was the last kind of treatment? (exam, shots, etc) \_\_\_\_\_

Previous Doctor's Name \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_

If recommendation, name of person \_\_\_\_\_

How will the account be paid? Cash  check  credit card  \_\_\_\_\_

Type of card \_\_\_\_\_

**PAYMENT FOR SERVICES ARE DUE AND EXPECTED WHEN RENDERED.  
IF YOU DO NOT HAVE FUNDING AVAILABLE FOR YOUR VISIT TODAY,  
NOW IS THE TIME TO DISCUSS THAT ISSUE, NOT AT CHECKOUT AFTER  
THE EXAM**

Owner/Co-Owner's Signature \_\_\_\_\_

All fees are due at the time the patient is released. On your request, we will provide you with a written estimate of fees for any case hospital treatment, emergency care, surgery, or hospitalization. A deposit prior to treatment may be required depending on the amount of the estimate.