

To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Driver's License : _____
 Address: _____ Email: _____
 Cell: _____ Home phone: _____ Employer: _____
 Work phone: _____ Emergency contact name and number: _____
 How did you hear about : _____
 Number of pets: Dogs _____ Cats: _____ Other: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____
 Breed: _____ Color: _____ Birthdate: _____
 Undetermined Male Neutered Female Spayed
 Hospital that gave last vaccines: _____ Phone Number: _____
 Any allergies/drug reaction: _____
 Previous Illnesses/Surgeries: _____
 On going medical conditions: _____
 Reason for Visit / Any symptoms or problems that you have noticed about your pet:

Pet's current meds/supplements	
Pet's diet / treats :	
Pet Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , What company? _____ Policy # _____
Where did you aquire your pet from:	Age when acquired: _____
How would you like reminders sent:	Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> All <input type="checkbox"/>

Release of Information for Media or Website Publication

_____ I authorize/ _____ I do not authorize the staff at this veterinary practice to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use with media entities including, but not limited to:

* Facebook *Google Plus * Twitter * SnapChat* PetCallsAH.com

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. A monthly service charge of 1.5% will be applied to all accounts outstanding beyond 30 days from the date of services are performed. Further, the undersigned will be responsible for all costs of collection including reasonable attorney's fees and court costs, if necessary.

Signature of Owner: _____ Date: _____