

PATIENT REGISTRATION INFORMATION

DATE _____

OWNERS NAME _____

ADDRESS _____

ZIP CODE _____

PRIMARY TELEPHONE () _____

ADDITIONAL TELEPHONE NUMBERS () _____ () _____

EMAIL _____

ANIMAL'S NAME _____ DOG _____ CAT _____ OTHER _____

DATE OF BIRTH _____ BREED _____ COLOR _____

SEX MALE _____ / ALTERED? _____ FEMALE _____ / SPAYED? _____

DOGS:

CATS:

Date of last vaccinations:

Date of last vaccinations:

Distemper, Hepatitis, Parvovirus Adenovirus _____

Distemper, upper respiratory _____

Rabies _____

Rabies _____

Kennel Cough (Bordatella) _____

Feline Leukemia virus _____

Lyme _____

Tested for Feline Leukemia virus? _____ Date _____

Leptospirosis _____

Tested for FIV? _____ Date _____

Influenza _____

Date of last Heartworm Blood Test _____

Has Heartworm preventative been used each year? _____

OTHER PETS IN HOUSEHOLD? HOW MANY DOGS? _____ CATS _____ OTHER _____

PAST MEDICAL PROBLEMS: _____

TAKING ANY MEDICATION PRESENTLY? _____

WHAT DO YOU FEED YOUR PET? _____

HOW MUCH TIME DOES YOUR PET SPEND OUTDOORS? _____

DO YOUR PETS RECEIVE CARE ELSEWHERE? _____ WHERE? _____

HOW DID YOU FIRST HEAR ABOUT COMMUNITY ANIMAL HOSPITAL?

HOSPITAL SIGN ON LINE SEARCH _____ DOCTOR REFERRAL _____

(which one)

INDIVIDUAL REFERRAL; whom may we thank? _____

PLEASE SEE OTHER SIDE ⇨

PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

WE ACCEPT CASH, CREDIT CARDS AND PERSONAL CHECKS. THERE WILL BE A \$25.00 CHARGE ON ANY RETURNED CHECKS.

IF PRIOR ARRANGEMENTS HAVE BEEN MADE TO EXTEND PAYMENT FURTHER THAN TIME OF SERVICES, A SOCIAL SECURITY NUMBER AND DATE OF BIRTH ARE REQUIRED. **INITIAL** _____

ON ANY BALANCE PAST DUE, CLIENT AGREES TO PAY FROM THE DATE OF PAYMENT DUE, AND ANY INTEREST FINANCE CHARGE AT A RATE OF ONE AND ONE HALF (1.5%), WHICH IS AN ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%), OR A MINIMUM OF THREE DOLLARS (\$3.00) PER MONTH, WHICHEVER IS GREATER APPLIED TO THE PREVIOUS BALANCE.

SHOULD IT BECOME NECESSARY TO SUBMIT ANY PAST DUE ACCOUNT TO A COLLECTION AGENCY FOR PAYMENT, CLIENT WILL BE MADE RESPONSIBLE FOR ALL FEES AND CHARGES.

Signature _____