

**PATIENT REGISTRATION INFORMATION**

DATE \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_ WORK TELEPHONE ( ) \_\_\_\_\_

CELL ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

SEX MALE \_\_\_\_\_ / ALTERED? \_\_\_\_\_ FEMALE \_\_\_\_\_ / SPAYED? \_\_\_\_\_

**DOGS:**

**Date of last vaccinations:**

Distemper, Hepatitis, Parvovirus Adenovirus \_\_\_\_\_

Rabies \_\_\_\_\_

Kennel Cough (Bordatella) \_\_\_\_\_

Lyme \_\_\_\_\_

Leptospirosis \_\_\_\_\_

Influenza \_\_\_\_\_

Date of last Heartworm Blood Test \_\_\_\_\_

Has Heartworm preventative been used each year? \_\_\_\_\_

**CATS:**

**Date of last vaccinations:**

Distemper, upper respiratory \_\_\_\_\_

Rabies \_\_\_\_\_

Feline Leukemia virus \_\_\_\_\_

Tested for Feline Leukemia virus? \_\_\_\_\_ Date \_\_\_\_\_

Tested for FIV? \_\_\_\_\_ Date \_\_\_\_\_

OTHER PETS IN HOUSEHOLD? HOW MANY DOGS? \_\_\_\_\_ CATS \_\_\_\_\_ OTHER \_\_\_\_\_

PAST MEDICAL PROBLEMS: \_\_\_\_\_

TAKING ANY MEDICATION PRESENTLY? \_\_\_\_\_

HOW MUCH TIME DOES YOUR PET SPEND OUTDOORS? \_\_\_\_\_

DO YOUR PETS RECEIVE CARE ELSEWHERE? \_\_\_\_\_ WHERE? \_\_\_\_\_

HOW DID YOU FIRST HEAR ABOUT COMMUNITY ANIMAL HOSPITAL?

YELLOW PAGES  ON LINE YELLOW PAGES  WEB SITE \_\_\_\_\_

(which one)

HOSPITAL SIGN  DOCTOR REFERRAL \_\_\_\_\_

INDIVIDUAL REFERRAL; whom may we thank? \_\_\_\_\_ Other \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.**

FOR YOUR CONVENIENCE, CREDIT CARDS AND PERSONAL CHECKS ARE ACCEPTED. IF YOU PAY BY CHECK OR CREDIT CARD, PLEASE COMPLETE THE FOLLOWING. THERE WILL BE A \$25.00 CHARGE ON ANY RETURNED CHECKS.

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

ON ANY BALANCE PAST DUE, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE, CLIENT AGREES TO PAY FROM THE DATE OF PAYMENT DUE, AN INTEREST FINANCE CHARGE AT A RATE OF ONE AND ONE HALF PERCENT (1½%) PER MONTH, 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 \_\_\_\_\_