

PATIENT REGISTRATION FORM



Your trusted partner
in specialized veterinary care.

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carecentervets.com

OWNER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Date:	
Name (Last):		(First):	(Middle Initial):
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		
Primary contact number (for patient updates, laboratory results, etc.): <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Email:			
Employer:	Work Phone:		
Employer Address:	City/State:		
Alternate Contact:	Phone:		

OTHER AUTHORIZED REPRESENTATIVE (if owner is not present)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Relationship:	
Name (Last):		(First):	(Middle Initial):
Home Phone:	Cell Phone:		
Address:	City:	State/Zip:	
Employer:	Address:		

PET INFORMATION

Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		
Breed:	<input type="checkbox"/> F <input type="checkbox"/> M	Age:	DOB:
Color:	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/> Unknown		
Vaccines current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
List any medications your pet is currently taking:			
Reason(s) for bringing your pet in today:			

VETERINARIAN INFORMATION

Name of Facility:		
Veterinarian:		
Address:	City:	State/Zip:
Phone Number (if known):		
How did you hear about us? <input type="checkbox"/> Regular Vet <input type="checkbox"/> Friend/Relative <input type="checkbox"/> TV <input type="checkbox"/> Print Ad <input type="checkbox"/> Internet <input type="checkbox"/> Facebook <input type="checkbox"/> YouTube <input type="checkbox"/> Twitter <input type="checkbox"/> Other:		
I hereby authorize the Care Center veterinarian to examine, prescribe for, or treat, the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when the services are rendered and that a deposit may be required for treatment.		
Signature:	Date:	