

PATIENT REGISTRATION FORM - PLEASE PRINT CLEARLY

Date: _____

OWNER INFORMATION

Mr. Mrs. Ms. Dr. Name: Last: _____ First: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone #: _____ Other #: _____ Primary # (for patient updates): Cell Other
Email: _____ Employer: _____

OTHER AUTHORIZED REPRESENTATIVE (if owner is not present)

Name: _____ Relationship: _____ Primary Phone: _____
Address: _____ Email: _____

PET INFORMATION

Name: _____ Dog Cat Other: _____ Breed: _____
Color: _____ Age: _____ DOB: _____ Vaccines current? Yes No Unknown
Gender: F M Spayed Neutered Intact Unknown

List any current medications:

List any known allergies:

Reason(s) for visit:

How did you hear about us? Community Event Facebook/Instagram Family Veterinarian Pandora
 Print Radio Sign/drive-by TV Web search Word of mouth Other: _____

VETERINARIAN INFORMATION

Name of Clinic/Hospital: _____
Veterinarian: _____ Phone Number (if known): _____
Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet and provide any pertinent medical records to other Veterinarians or medical professionals involved in my pet's care unless requested otherwise. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when services are rendered and that a deposit may be required for treatment. **Initial charges will include one of the following: Emergency Consultation, \$115 or Specialty Consultation, \$150 - \$185.**

Initials _____

Signature: _____

Date: _____

Care Center requests permission to use information for internal and external use such as: research, education and social media. I authorize the use of my pet's first name, photograph and clinical information (including at times medical condition, treatment and prognosis). Under no circumstances will my name, my personal or financial information be shared through these sources. **Check YES or NO:**

____ YES, I authorize Care Center to use my pet's first name, photograph and clinical information.

____ NO, I do not authorize.