

**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: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

**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, \$125 or Specialty Consultation, \$160 - \$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.