care center
Your trusted partner
in specialized veterinary care.

6995 East Kemper Road, Cincinnati, OH 45249
P: 513.530.0911 • **F:** 513.530.0811

6421 Clyo Road, Centerville, OH 45459
P: 937.428.0911 • **F:** 937.428.6667

carecentervets.com

AAHA ACCREDITED
The Standard of Veterinary Excellence

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

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: City:

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, $140 or Specialty Consultation, $160 - $185.

Initials _____

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.

Signature: **Date:**