

All Pets Medical Centre

Client/Patient Registration Form

Thank you for giving us the opportunity to care for your pets. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Chart #: _____

Owner's D.O.B: _____

(We cannot legally provide services to minors; an adult must be present and financially responsible.)

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Employer Name: _____ Phone: _____

Address: _____

**Person(s) authorized to bring pets in for services in your absence:*

In Case of EMERGENCY Call _____ Phone: _____

Relationship: _____

***To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccinations.**

Pet Name	Species	Breed	Color	Age or DOB	Male or Female?	Spayed or Neutered?
					<i>Male Female</i>	<i>Spayed Neutered Intact</i>
					<i>Male Female</i>	<i>Spayed Neutered Intact</i>
					<i>Male Female</i>	<i>Spayed Neutered Intact</i>
					<i>Male Female</i>	<i>Spayed Neutered Intact</i>

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed here and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 14 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned.

Signature _____ Date _____