

Raymond Animal Hospital

New Client Registration

Thank you for giving our Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER(s) _____
Last First Initial

SSN# _____

SPOUSE _____
Last First Initial

SSN# _____

Mailing Address _____
Street City State Zip

Home Phone(____) _____ Emergency Phone(____) _____ Cell (____) _____

Email Address: _____ Would you like an email sent for your pet's reminders? Y N

Place of Employment _____ Phone Number(____) _____

Spouse's Employment _____ Phone Number(____) _____

Referred By _____ Yellow Pages _____ Friend _____

Method of Payment _____ CASH _____ CHECK _____ MASTER CARD/VISA _____ DISCOVER

Do you have pet insurance? _____ Company _____

PATIENT INFORMATION

PET'S NAME _____ BREED _____

COLOR _____ SEX _____ NEUTERED? Y N DATE OF BIRTH _____

Has your pet been vaccinated? Y N If so, when? _____

For what? _____

What is your pet's diet? _____

Are there any other pets in the household? _____ If so, what kind? _____

Is your pet currently taking medication? _____ If so, what kind? _____

Does your pet suffer from any allergies? _____ If so, what kind? _____

What health care or grooming products are you currently using? _____

It is our policy to provide you with an estimate of fees upon request for any care where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.

All fees are due upon release of patient.

_____ Date _____
Client's Signature