



WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best possible care, please take the time to fill in this form completely. Thank you!

REGISTRATION

DATE: _____

Client Information

Your Name: _____ Preferred name/Nickname: _____

MAILING Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Spouse's/Partner's Name: _____ Cell Phone: _____

In case of emergency, please call: _____ Cell Phone: _____

Best way to contact you (circle one): Phone Email Text PetDesk Alert

How did you hear about us? (Circle one) Drive By Yellow Pages Website Other: _____

Personal Recommendation (who can we thank)? _____

Place of Employment: _____ For those writing checks we require SSN: # _____

PET INFORMATION

Pet 1: Name:	Pet 2: Name:
Age (DOB):	Age (DOB):
Breed:	Breed:
Color:	Color:
Male / Neutered Female / Spayed	Male / Neutered Female / Spayed

Previous Veterinarian: _____

AUTHORIZATION

We love to show off our patients! Please check one of the options below to authorize Hope Crossing Animal Hospital to use your pet(s) image in online, web based, or printed promotional materials, as well as in pictures displayed at Hope Crossing. Your name will never be used or published.

Accept _____ Decline _____

By signing this statement, I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release, and that a deposit may be required for surgical treatment.

Owner _____ Date _____