

# ANIMAL ADVOCATES VETERINARY HOSPITAL

## REGISTRATION FORM

Welcome to Animal Advocates Veterinary Hospital. Thank you for choosing us for your pet's medical treatment. Completing this form will help us to better serve you. Please bring any current medical records and vaccine history along with this registration form to your first visit. All information will be kept confidential to protect your privacy. We look forward to meeting you and your pet.

### CLIENT INFORMATION

Owner's Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

(Person responsible for financial obligation)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Please tell us how you heard about Animal Advocates Veterinary Hospital

Sign/location \_\_\_\_\_ Website \_\_\_\_\_ Yellow pages \_\_\_\_\_ Other \_\_\_\_\_

Referred by \_\_\_\_\_

### PATIENT INFORMATION

Pet's Name \_\_\_\_\_ Species: Canine \_\_\_ Feline \_\_\_ Other \_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Gender Male \_\_\_ Female \_\_\_ Is your pet spayed or neutered Yes \_\_\_ No \_\_\_

Does your pet have a micro-chip Yes \_\_\_ No \_\_\_

Previous Health Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

Drug or Food Allergies \_\_\_\_\_

Preference for Medical Treatment Notifications: e-Mail  Postcard