

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