



D U X B U R Y
ANIMAL HOSPITAL

CLIENT REGISTRATION

Last Name		First		Pet's Name	
Street Address				<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Date of Birth
City	State	Zip		Breed	Color
Home Phone		Work Phone		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone		Occupation		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Partner		Fax		Microchip Number	
Email			We are increasingly able to provide you with reminders, care notes, and alerts via email. Please let us know which address is convenient for you.		

Your Pet's Medical History	
◆ Referring/Previous Veterinarian	
◆ Date of Last Rabies Vaccination	
Given By	
◆ Date of Last Distemper Vaccination	
Given By	
◆ Previous Medical Conditions	
◆ Medication or Vaccine reactions	

How did you hear about us?
<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Sign
<input type="checkbox"/> Internet
<input type="checkbox"/> Friend/Family Who? _____
<input type="checkbox"/> Advertisement Which? _____

PROFESSIONAL FEES ARE TO BE PAID AT TIME OF SERVICES

In some cases, an 80% deposit may be required prior to care. An estimate will be provided when necessary.

A missed appointment fee will be applied to any visit that is not cancelled within 24 hours of the scheduled time.

I authorize treatment of my pet and agree to pay all fees incurred. I agree to be responsible for paying a \$25 fee if my check is returned and a 33 1/3% attorney fee if my balance is turned over for collection.

Signature of Owner _____

Thank you for choosing us for your veterinary care!