

CRITTER CARE ANIMAL HOSPITAL**CLIENT REGISTRATION**

Date _____

Owner's Name _____ Spouse/Other _____

Children's Names & Ages _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Owner Cell # _____ Spouse/Other Cell Phone Number _____

Employer's Name & Address _____

Spouse's/ Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet?

In case of EMERGENCY, please call _____ at telephone number _____

E-Mail _____

Pet's Name _____ Approx . Date of Birth _____

 Dog Cat Other _____ Sex: Male Neutered UnneuteredBreed _____ Female Spayed Unspayed

Color _____ Micro-chipped _____ Yes _____ No

Reason for Visit _____

Previous veterinarian(s) where past records could be obtained if necessary _____

Has your pet been treated for any illness in the past year? Yes No

Specify problem(s), medication and dosage, if known _____

How did you first hear of us? Yellow Pages Other _____ Individual we may thank? _____

List the names and types of any other animals that you own _____

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 or as services are rendered and that a deposit may be required for surgical treatment. I realize that for any appointments or scheduled procedures for which I do not show up with my pet and do not call to cancel, that I may be charged as much as the actual cost of the scheduled appointment or procedure.

Owner or Responsible Party (signature) _____

(printed name) _____

Please indicate method of payment: _____ cash _____ check _____ credit card _____ CareCredit

If you pay by check or credit card, please complete the following:

Credit Card (company) _____ Acct. # _____ Exp. Date _____

Driver's License Number _____ State _____

Social Security Number: _____ - _____ - _____.