



Hopkins Road Animal Hospital

Registration Form

New Client Information

Name: _____ Spouse/Co-Owner: _____

Mailing Address: _____ City: _____

Physical Address (if different from above): _____

State: _____ Zip: _____ Drivers License or State ID: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact Name & Phone: _____

Email: _____

How did you hear about us? _____

ALL PETS MUST BE ON A LEASH OR IN A CARRIER

New Patient Information

Name: _____ Date of Birth or approximate age: _____

Species: _____ Breed: _____

Color: _____ Sex: _____ Altered: Yes No

Date of Last Vaccines:

FVRCP: _____ FeLV: _____

Rabies: _____ 1 year or 3 year

Bordetella: _____ Lepto: _____ Lyme _____ Flu _____

DHPP: _____ Stool Check: _____ Heartworm Test: _____

Any Long Term Problems: _____

Current Medications if any: _____

I understand that payment is due at the time services are rendered and that a \$35.00 fee will be charged for any returned checks. All past due accounts will be subject to a monthly billing fee and interest may be charged on overdue amounts. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of the above pet. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Payment Methods Accepted: Cash Check Visa/MC/AMEX/Discover Care Credit