

# 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: \_\_\_\_\_ DOB \_\_\_\_\_

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