



Pet Central Animal Hospital
New Client Registration

Today's Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home phone # _____ Work Phone # _____ Cell # _____

Email Address _____

Employer's Name & Address: _____ Spouse's /Other's employer's name & address: _____

In case of EMERGENCY, please contact: Name _____ Phone # _____

PET 1
Name _____

PET 2
Name _____

___ Cat ___ Dog ___ Other; Birth Date/Age _____

___ Cat ___ Dog ___ Other; Birth Date/Age _____

Breed _____ Color _____

Breed _____ Color _____

Sex: ___ Male ___ Female

Sex: ___ Male ___ Female

Has your pet been treated for any illness in the past year? ___ No ___ Yes. If yes, please describe: _____

Is your pet currently on any medications, vitamins, supplements, or a prescription / special diet? ___ No ___ Yes

Please list: _____

How did you hear of us? ___ Yellow Pages ___ Drive by ___ Internet ___ Referral ___ Other

If you were referred by someone, who may we thank? _____

By signing below, I assume the responsibility for all charges incurred for the care of this animal. I also understand that these charges are to be paid at the time of release and that a deposit is required for surgical treatment or hospitalization.

***PAYMENT IS DUE UPON DISCHARGE OF ANIMAL FROM HOSPITAL.
CASH OR CREDIT CARDS ONLY. NO CHECKS ACCEPTED***

Signature of owner or responsible party _____

Staff use only: _____ in comp _____ W.C. _____ Ref C.