



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.