



SERIOUS SCIENCE, COMPASSIONATE CARE

NEW PATIENT REGISTRATION

*To be completed by owner of patient
and brought to initial appointment.*

OWNER INFORMATION				
Primary Contact	**			
Address				
City / State				
Zip Code		Secondary Contact Information		
Phone (call 1 st)		Name		
Phone (call 2 nd)		Relationship		
Fax #		Phone		
Email		Email		
Employer				
**please note that this indicates the person contacted for ALL communication regarding patient care, test results, etc.				
PATIENT INFORMATION				
Name		Species	<input type="checkbox"/> dog	<input type="checkbox"/> cat
Age (or Birthdate)		Breed		Color
Allergies to any medications?		Sex	<input type="checkbox"/> male	<input type="checkbox"/> female <input type="checkbox"/> spayed or neutered
Reason for visit?		Vaccination	<input type="checkbox"/> current	<input type="checkbox"/> overdue <input type="checkbox"/> titers monitored
		Heartworm Prevention	<input type="checkbox"/> current	<input type="checkbox"/> overdue <input type="checkbox"/> not given
		Flea / Tick Prevention	<input type="checkbox"/> current	<input type="checkbox"/> overdue <input type="checkbox"/> not given
Family Veterinarian		Hospital		
<p>Please read carefully and sign indicating you are the owner/caretaker of the patient listed above, and give your consent.</p> <ul style="list-style-type: none"> I authorize the doctors and staff of the Center for Veterinary Specialty Care to examine my pet. I understand that a written estimate and additional consent form will be provided to me prior to any other procedures with my pet. I understand that a payment is due at the time services are rendered. If my pet is admitted for procedures other than an exam, a deposit (equal to the low end of the estimate) will be required at the time of admission and the remaining balance will be due at the time my pet is discharged from the hospital. Attention Clients Paying by Check: if your check is dishonored, you agree to pay a processing fee of \$30, or any higher amount allowed by law. We may electronically debit or draft your account for this fee. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment. The doctors and staff at Center for Veterinary Specialty Care frequently take photos or make video clips of patients in our care. I DO ___ or DO NOT ___ give permission for use of my pet's picture for marketing and public relations purposes. 				
SIGNATURE	X		DATE	