



BEST FRIENDS ANIMAL HOSPITAL

ADMISSION DATE: _____ TIME: _____

OWNER/PATIENT REGISTRATION:

Thank you for giving us the opportunity to care for your pet(s). Please print and complete ALL information.

Client Information

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ E-Mail: _____
Cell Phone: (_____) _____
Employer: _____ Work Phone No.: _____

How did you first hear of our service?

Hospital Sign _ Yellow Pages _ Prior Client _ Internet _ Other _____

Pet Information

Pet's Name: _____ Species: – _ Feline _ Canine
Breed: _____ Color(s): _____
Birth date / Age: _____ Sex: – _ Male _ Female _ Neutered (Male) _ Spayed (Female)
Previous Doctor's Name / Animal Clinic: _____
Previous Medical History / Vaccines: _____
Prior Illness: _____ Prior Surgery: _____
Medications: _____ Reason for visit today: _____

Payment Information

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time services are rendered. In cases of extreme medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment.

There will be a \$25.00 service charge for any returned check.

Sorry we do not accept business or company checks

() Cash () Visa () Mastercard () Amex () Discover () Care Credit () Check

Signature: Owner / Authorized Agent

Print Name