

Binder Animal Hospital Client and Pet Registration

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill this form out completely and give back to the receptionist with a valid driver's license. Thank you.

Client Information

Owner:			
Address:			
City:	State:	Zip:	
Home Phone :	Cell:	Work:	
E-Mail Address:	Emergency Contact:	Phone:	
How did you learn about our hospital?	<input type="checkbox"/> Sign	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Internet <input type="checkbox"/> Mailing
	<input type="checkbox"/> Recommendation	Name _____	

Pet Health History

Pet's Name:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other
Breed:	Color:	Date of Birth:	
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed
Are vaccines current:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, where were vaccines last given:			
Name of previous veterinarian:		Phone:	
Pet's current medication:			
Pet's normal diet:			
Reason for today's visit:			

May we release records if necessary? (i.e. groomer, boarding kennel, classes, other veterinarian) Yes No
May we post your pet's picture on our Facebook site? Yes No

Authorization

I hereby authorize the veterinarian to examine, treat, or prescribe for the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that all charges will be paid for at the time of service. I recognize that a deposit may be required for surgical treatment or hospitalization. If paying by check and my check is returned unpaid, I authorize an electronic debit of my account for the check amount and all applicable service fees, taxes, and related expenses permitted by law.

Method of Payment:

Cash Check Credit Card Debit

Signature of Owner _____ **Date** _____