



PATIENT/CLIENT REGISTRATION FORM

NAME _____
 LAST NAME FIRST NAME MIDDLE NAME SPOUSE'S FIRST NAME PRIMARY PHONE

ADDRESS _____
 (NOT P.O. BOX) NUMBER STREET CITY ZIP CODE SECONDARY PHONE
 HOW LONG AT PRESENT RESIDENCE? ___YR ___MO

EMAIL ADDRESS: _____

OCCUPATION TITLE _____ EMPLOYER _____ WORK PHONE _____

SPOUSE'S OCCUPATION _____ EMPLOYER _____ WORK PHONE _____

SOCIAL SECURITY #: ____-____-____ DRIVERS LICENSE #: _____ exp. ____/____/____ BIRTHDATE: ____/____/____
 MO YR MONTH DAY YEAR

ACTIVE MILITARY? YES NO

PATIENT HISTORY [PET1]			[PET2]			[PET3]		
NAME	SPECIES (Dog/Cat/Other)		NAME	SPECIES (Dog/Cat/Other)		NAME	SPECIES (Dog/Cat/Other)	
BREED	COLOR	SEX M F ALT/SP	BREED	COLOR	SEX M F ALT/SP	BREED	COLOR	SEX M F ALT/SP
BIRTHDATE	AGE THIS DATE		BIRTHDATE	AGE THIS DATE		BIRTHDATE	AGE THIS DATE	
MICROCHIP ID#:			MICROCHIP ID#:			MICROCHIP ID#:		
Is there anything we should know about this patient?			Is there anything we should know about this patient?			Is there anything we should know about this patient?		

Name of Previous/Current Veterinarian and/or Veterinary Practice: _____

How did you hear of our hospital? _____

Previous Records: Do you authorize us to contact your previous veterinarian to obtain medical records? If so, please initial.

I am the owner and/or authorized guardian of the aforementioned animals and am over 18 years of age. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the aforementioned animals. All of the information I have provided here is true to the best of my knowledge. I assume responsibility for all charges incurred in the care of these animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization, diagnostics, and/or surgical treatment. I understand that billing is not an option. How will you be paying your bill?

Cash Visa MasterCard Discover American Express Debit/ATM CareCredit

(2 forms of US Government Issued ID (state or federal) must be presented when paying with CareCredit. The name on the CareCredit card must match exactly with the name on the IDs. One ID must be a current government issued photo ID (i.e., CA Driver's License) while the other can be a current valid credit card.)

Print Name _____ SIGNATURE _____ Date: _____

PHOTO CONSENT: Do you authorize Family Pet Hospital to use pictures of your pet(s)? NO / YES (circle one)
 If Yes, please sign: I, _____, owner or authorized agent of the owner of listed pet(s) authorize Family Pet Hospital to use pictures of my pet(s) for promotional purposes (including but not limited to social media posts, website, printed hospital brochures). I understand that once consent has been given, it remains in full force and effect unless and until I provide a written revocation of that consent. Additionally, consent will apply to all future pets added to this account unless and until I provide a written revocation of the consent.

SIGNATURE _____ Date _____