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**NEW CLIENT/PATIENT INFORMATION**

Date: / /

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| **REGISTRATION:** |
| Owner: Driver’s License #: Street Address: Apt. No. City: County: State: ZIP: Home Phone: Cell: Employer: Work Phone: Spouse: Employer: Work Phone: Email Address: How did you hear about us? Sign Phone Book Internet Recommendation Other:  If “Recommendation” was checked above, whom may we thank? |
| **PATIENT INFORMATION:** |
| Name of Pet: Canine Feline  Breed: Color: Date of Birth:  Sex: Male Neutered Female Spayed  Name of former animal hospital: Veterinarian:  Significant Medical History (surgeries, seizures, allergies, etc.):  Current Diet: Current Medications:  Vaccination History (dates and types, including fecal or heartworm tests, etc.):  Age Pet was Obtained: Pet Obtained From: Pet Shop Breeder Humane Society Other Reason for today’s visit: |

AUTHORIZATION: I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. ***I also understand that professional fees are due at the time services are rendered. Any balance remaining after 30 days will be subject to a 1.5% service fee.***

WRAH Registration (rev. 11-13)

Signature and Printed Name of responsible owner / agent for pet(s):

Signature: Printed Name:

Signature: Printed Name: