# e Road

**Wis An**

**W**

**imal Hospital**

**NEW CLIENT/PATIENT INFORMATION**

Date: / /

|  |
| --- |
| **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 FelineBreed: Color: Date of Birth: Sex: Male Neutered Female SpayedName 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: