

MONTGOMERY ANIMAL HOSPITAL CLIENT REGISTRATION FORM

OWNER'S NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL: _____ DRIVER'S LICENSE STATE/NUMBER: _____

OCCUPATION: _____ EMPLOYER: _____

WHO CAN WE THANK FOR RECOMMENDING US TO YOU? _____

PATIENT'S INFORMATION:

PET'S NAME: _____ SPECIES: _____ AGE: _____

BREED: _____ GENDER: _____ COLOR: _____

DATE OF LAST VACCINATION: ____/____/____ HEARTWORM PREVENTATIVE: YES NO

PREVIOUS/PRESENT VETERINARIAN: _____ NEUTERED: YES NO

PATIENT'S INFORMATION:

PET'S NAME: _____ SPECIES: _____ AGE: _____

BREED: _____ GENDER: _____ COLOR: _____

DATE OF LAST VACCINATION: ____/____/____ HEARTWORM PREVENTATIVE: YES NO

PREVIOUS/PRESENT VETERINARIAN: _____ NEUTERED: YES NO

WE OFFER A SENIOR CITIZEN DISCOUNT OF 10% TO PEOPLE OVER 55 ON SERVICES PAID FOR ON THE DATE OF THE VISIT. DO YOU QUALIFY FOR OUR DISCOUNT? YES NO

DO YOU RAISE LIVESTOCK FOR RESALE? IF SO, PLEASE ASK OUR STAFF FOR A TAX EXEMPTION FORM.

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT MY PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.

SIGNATURE OF OWNER _____ DATE ____/____/____

METHOD OF PAYMENT CASH / CHECK / MASTERCARD / VISA / DISCOVER / AE

THANK YOU VERY MUCH FOR CONSIDERING THE STAFF AT MONTGOMERY ANIMAL HOSPITAL FOR ALL OF YOUR ANIMAL'S NEEDS.

