



PATIENT REGISTRATION

Revised 5/09

Owner's Name _____

Date: _____

Spouse/Co-Owner _____

Additional Caregivers/Assistants/Nannies/etc. _____

Children living at home / ages _____

Address _____

City, State, ZIP _____

Owner's Main Phone _____ home cell

Owner's Alternate Phones _____ home cell work _____ home cell work

Co-Owner's Phones _____ cell work _____ cell work

Is it ok for us to call you at work? [] Yes [] No Email address _____

REMINDERS: For your pet's annual vaccination reminders, do you prefer to receive them via EMAIL or POST ?
(please circle one)

**NOTE: Family Pet does not send any type of mass communication via email. Your address will be used only if we need to contact you personally.*

Occupation / employer's name _____

In case of EMERGENCY, if we cannot reach you, please call (*name & number*): _____

PET'S NAME _____ Birth Date _____

[] Dog [] Cat [] Other _____ Sex: [] Male [] Neutered [] Un-neutered

[] Female [] Spayed [] Un-spayed

Breed _____ Color _____

When/where did you obtain pet, at what age? _____

Medical Records _____ Current medical conditions? _____
Name of hospital where they can be obtained.

Are there other pets in your household? [] Yes [] No . If Yes, please indicate quantity below:

Dogs _____ Cats _____ Birds _____ Reptiles _____ Ferrets _____ Other _____

How did you hear of Family Pet? _____

**** I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of release, and that a deposit may be required for surgical treatment or hospitalization.**

Owner or Responsible Party (*Signature*) _____