



## Client Registration Form

Thank you for trusting us with the care of your pet. So that we may better meet your needs, please complete the following:

**Owner Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Pronouns, circle: he/him/her | she/her/hers | they/their/theirs      **Owner Date of Birth:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Owner:** \_\_\_\_\_ Relation to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Canine / Feline / Rabbit**

**Male / Neutered Male / Female / Spayed Female**      **Breed:** \_\_\_\_\_

**Age / Date of Birth:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Canine / Feline / Rabbit**

**Male / Neutered Male / Female / Spayed Female**      **Breed:** \_\_\_\_\_

**Age / Date of Birth:** \_\_\_\_\_ **Color:** \_\_\_\_\_

Previous Veterinary information so we can get records: \_\_\_\_\_

Does your Pet Have Insurance? (Y/N) \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**How did you hear about us?** Circle one: Google, Yelp, friend (who?), other? \_\_\_\_\_

### **Payment is due at the time of service.**

The undersigned acknowledges that in admitting their pet(s) for diagnostics, treatment, surgery or other procedures, they authorize the veterinarians and staff of Abbey Pet Hospital to administer treatments and/or perform such diagnostic and/or surgical treatments as deemed necessary. It is understood that whenever possible, an estimate of charges will be presented prior to performing services. We require a deposit of 50% prior to performing services and the undersigned assumes full financial responsibility for all incurred charges. It is also understood that charges may exceed the initial estimate if complications arise. Undersigned must be over 18 years of age.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_