



"QUALITY SERVICE, COMPASSIONATE CARE"

Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best possible care, please take the time to fill in this form completely.

Thank you!

Client Registration

Date _____

Owner (Last) _____ (First) _____

Address _____ City _____ State _____ Zip _____

Spouse _____ Email Address: _____

Home phone _____ Work phone _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

How did you hear of our Hospital? ___ Yellow Pages ___ Recommendation
 ___ Sign ___ Other _____

If recommended, whom may we thank? _____

Number of pets: Dogs _____ Cats _____ Other _____

Authorization

*I hereby authorize Ammon Veterinary Hospital to examine, prescribe for, or treat the above described pet(s).
I assume responsibility for all charges incurred in the care of this animal. If default of payment should occur, I agree to pay finance charges, all costs of collection (including attorney fees) and other court costs incurred. I also understand that **ALL FEES ARE DUE AT TIME OF SERVICES.***

No Checks Please

Signature of Client Responsible for Pet(s) _____

Circle Form of Payment: Mastercard Visa Discover Debit Cash Care Credit

Pet Health History

Name of Pet 1 _____ Dog Cat

Breed _____ Color _____ Birthdate/Age _____

Male or Female _____ Neutered or Spayed _____

Date of Last Vaccinations:

Bordetella _____ Rabies _____ 1 yr 3 yr

Distemper/Parvo _____ Leukemia _____ FVRCP _____

Where Administered _____

Name of Pet 2 _____ Dog Cat

Breed _____ Color _____ Birthdate/Age _____

Male or Female _____ Neutered or Spayed _____

Date of Last Vaccinations:

Bordetella _____ Rabies _____ 1 yr 3 yr

Distemper/Parvo _____ Leukemia _____ FVRCP _____

Where Administered _____