

## HUNTING RIDGE ANIMAL HOSPITAL REGISTRATION FORM

CLIENT INFORMATION			
Last Name:	First :	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
Spouse/Other:		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
		<input type="checkbox"/> Dr.	
Home Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Spouse/Other Cell Phone:	
Employer:	Work Phone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Other Employer:	Work Phone:	When is best to call about your pet? Time:	
Would you like to receive reminders by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail address:	
Choose how you first heard about our practice (Please check one):		<input type="checkbox"/> Hospital Sign	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Family or Friend:		<input type="checkbox"/> Other:	
PET INFORMATION			
(Please give any previous medical records to the receptionist)			
Pet's Name:	Birth date:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:
Color:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Sure	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
This pet stays primarily <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both		Is this pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this pet covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company:	
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address:)			
Relationship to client:	Home phone:	Work phone:	
Cell phone:			
<p>I hereby certify that I'm the legal owner or authorized agent for these pets and authorize the doctors and staff of Hunting Ridge Animal Hospital to provide the requested care and treatment. <b>I also understand that all fees for services rendered or products purchased are due and payable at the time of services and billing is only allowed through third party credit cards.</b></p>			
Owner/Authorized Agent Signature:			Date: