

Client and Patient Registration



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete all of the information on this form.

Client Information

Owner's Name: _____ Spouse/Other: _____

Address: _____

City _____ State _____ Zip _____

Primary Phone #: _____ *Please circle one (Cell / Home / Work)*

Secondary Phone # _____ *Please circle one (Cell / Home / Work)*

EMAIL _____ @ _____

In case of an EMERGENCY, please call (Name) _____ at phone number _____

Date: _____

How did you hear of our facility?

- Internet/Website
- AAHA referral
- Sign/Driving by
- Community events/
New resident program
- Referred by friend/
relative (Share the Care)
- Individual
- Other

Animal Medical History

	Pet # 1	Pet # 2	Pet # 3
Name			
Species			
Breed			
Color			
Age			
Date of Birth			
Sex			
Spayed or Neutered			

Medications/Prior Illness/Prior Surgery (ANY additional information we NEED to know about your pet) PET #1

Medications/Prior Illness/ Prior Surgery (ANY additional information we NEED to know about your pet) PET #2

Medications/Prior Illness/ Prior Surgery (ANY additional information we NEED to know about your pet) PET #3

In order to prevent the spread of infectious diseases in our facility, all hospitalized patients must be current on all vaccines and free of external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. If you have any questions regarding this, please feel free to ask the technician for more information.

X _____
Owner's Signature

Thank you for choosing Evergreen Animal Care Center!

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