

# PROSPECT RIDGE VETERINARY HOSPITAL REGISTRATION FORM

OWNER'S NAME \_\_\_\_\_ SPOUSE/S.O. \_\_\_\_\_  
Last First Last First

ADDRESS \_\_\_\_\_  
# STREET CITY ZIPCODE

TELEPHONE: HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
WORK (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
SPOUSE'S WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

EMPLOYER'S NAME/ADDRESS \_\_\_\_\_

SPOUSE'S EMPLOYER'S NAME/ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ SPOUSE EMAIL \_\_\_\_\_ @ \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CALL \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_ PH numbers Spayed/Neutered? YES/NO

PET'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

WHERE DID YOU GET PET? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

PREVIOUS VETERINARIAN(S) WHERE PAST RECORDS CAN BE OBTAINED IF NEEDED:  
\_\_\_\_\_

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST? WHEN? \_\_\_\_\_

SPECIFY PROBLEMS, MEDICATIONS AND WHERE TREATED: \_\_\_\_\_

HOW DID YOU FIRST HEAR OF US? REFERRED BY \_\_\_\_\_

\_\_\_\_\_ PHONE BOOK YELLOW PAGES \_\_\_\_\_ SIGN \_\_\_\_\_ INTERNET \_\_\_\_\_ HOSPITAL WEBSITE

**I assume all responsibility for all charges incurred in the care of this pet. I also understand that these charges will be paid in full at the time of services rendered and that a deposit will be required for pets admitted for treatment.**

SIGNATURE OF OWNER OR RESPONSIBLE PARTY \_\_\_\_\_

**If you are paying by credit card, please complete ALL the following:**

Credit Card type: \_\_\_\_\_ Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

DO YOU HAVE CARE CREDIT? YES NO (circle one) PET ASSURE? YES NO (circle one)

**Full payment is required at the time of each visit. There is NO BILLING. If other arrangements must be made, please discuss with the doctor or receptionist at the BEGINNING OF YOUR VISIT.**

**WE DO NOT ACCEPT CHECKS**