



Client Registration Form

Client Information:

Last Name: _____ First Name: _____

Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell#: _____ Spouse Cell: _____

Please check your preferred phone number contact

Email address: _____

Please note that we respect your privacy. Your email address will not be shared with any third parties or used for any purposes other than internal correspondence and newsletters. We use email to send reminders and other information relevant to you and your pet so please give us an address that you check regularly.

Social Security #: _____

Patient Information:

Pet's Name: _____ Birth date / Age: _____

Dog: ____ Cat: ____ Other: _____ Sex: Male ____ Female ____ Spayed/Neutered: Y/N

Breed: _____ Color: _____ Is your pet microchipped? Y/N

Anything we should know about your pet?

Has your pet been seen at another veterinary office? Y/N

If yes where? _____

Do we have your permission to contact your pet's previous veterinarian? Y/N

Does your pet have pet insurance? Y/N

Do we have permission to forward your pet's medical records to their insurance provider if requested? Y/N

Do we have permission to publish picture of your pet and you on our website or social media? Y/N

Referral Information:

We would greatly appreciate it if you would take a moment to let us know how you heard about Otterkill Animal Hospital.

Internet Search ____

Community Event ____

Website ____

Referral ____

Paper Ad ____

Other ____ please specify: _____

Local Newsletter ____

*If you were referred by a friend or acquaintance, kindly let us know their name so we can personally thank them.

All fees are due at the time services are rendered. A deposit is requested on all hospitalized patients other than elective surgeries.

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default. If payment becomes a thirty days past due, a service charge at an a.p.r of 18% and per month billing fee will be added.

Signature: _____ Date: _____

The greatest compliment our client can give us can give us is a referral to their friend and family. We thank you for your trust. Our goal is to continue to be the best veterinary hospital possible. We thank you for the opportunity to provided loving veterinary care for your companion. We look forward to providing your entire family with many healthy and happy years together.