

CL# _____



Welcome



We are open 24 hours a day, 7 days a week. Thank you for visiting us!

Owner's Name:		Spouse/Other:	
Home Street Address:		City:	State: ZIP:
Phone:	Alternate Phone:	Cell Phone:	Employer

Email Address: _____

Reason for today's visit: _____

Please check the Doctor you wish to see:

- Randy Spencer, DVM
 Keith Joyner, DVM
 Jennifer Flood, DVM
 Kristie Stanton, DVM
 No Preference

How did your hear about our hospital?

- Friend (Who may we thank for referring you) _____
 Yellow pages
 Hospital sign
 Website
 Magnet from yellow pages
 Magnet from Veterinarian
 Other (please specify) _____

OFFICE FINANCIAL POLICY

Payment in full is due at the time your pet is discharged from FIRST Regional Animal Hospital. At your request, we will provide a written estimate of charges for the care of your pet.

I authorize the doctors to perform treatment for my pet. I assume responsibility for all charges incurred in the care of this animal. If my pet requires admission to the hospital, I understand that a deposit is required. I also understand emergency veterinary care is not intended to be a substitute for complete veterinary care.

Method of Payment:

- Cash
 Debit
 Check
 Visa/MasterCard
 Discover
 American Express
 Care Credit

OWNER/AGENT Signature: _____ Date: _____

Driver's License #: _____ Expiration: _____ Date of Birth: _____

Please see other side

Pet # 1

<i>Name:</i>		<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i>	
<i>Species (dog, cat):</i>	<i>Color:</i>	<i>Breed:</i>	<i>Birthday or Age:</i>
<i>Date of last Vaccines:</i>		<i>Current Medications:</i>	
<i>Food type and amount:</i>		<i>Special instructions for treating your pet:</i>	

Pet # 2

<i>Name:</i>		<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i>	
<i>Species (dog, cat):</i>	<i>Color:</i>	<i>Breed:</i>	<i>Birthday or Age:</i>
<i>Date of last Vaccines:</i>		<i>Current Medications:</i>	
<i>Food type and amount:</i>		<i>Special instructions for treating your pet:</i>	

Pet # 3

<i>Name:</i>		<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i>	
<i>Species (dog, cat):</i>	<i>Color:</i>	<i>Breed:</i>	<i>Birthday or Age:</i>
<i>Date of last Vaccines:</i>		<i>Current Medications:</i>	
<i>Food type and amount:</i>		<i>Special instructions for treating your pet:</i>	

Pet # 4

<i>Name:</i>		<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i>	
<i>Species (dog, cat):</i>	<i>Color:</i>	<i>Breed:</i>	<i>Birthday or Age:</i>
<i>Date of last Vaccines:</i>		<i>Current Medications:</i>	
<i>Food type and amount:</i>		<i>Special instructions for treating your pet:</i>	