



*New name, same great team*

Hospital Use Only	Acct:
	Initials:

## Registration Form

Please print.

### Owner Information

Last name:		First:		M.I.
Spouse/Partner's name:				M.I.
Street address:		Unit #:	City:	State:
Mailing address (if different):		City:		State:
Primary phone #:		Secondary phone #:		Spouse/Partner's phone#:
Email address:		Driver's license #:		Work phone #:
Employer:		Employer address:		State:
In case of emergency contact name (not living with you):		Emergency phone #:		
ZIP code:				

Referred to us by:

Family/Friend: \_\_\_\_\_  Close to home/work  Internet  Other: \_\_\_\_\_

### Patient Information

	Pet #1	Pet #2	Pet #3	Pet #4
Pet's name:				
Age/Date of birth:				
Species: <i>(Cat, Dog, etc.)</i>				
Breed:				
Color/Markings:				
Sex: <i>(Male, Female)</i>		Male Female	Male Female	Male Female
Spayed/Neutered:	Yes No	Yes No	Yes No	Yes No
Microchipped:		Yes No	Yes No	Yes No

### Financial Policy PLEASE READ BEFORE SIGNING.

**PAYMENT IS DUE AT TIME SERVICES ARE RENDERED.** We accept cash, checks, VISA, MasterCard, Discover, American Express, and Care Credit. There will be a \$25 fee for any check returned unpaid. A service fee of \$5.00 and 1.5% of the outstanding balance will be charged to your account monthly if not paid in full. Accounts that fail to pay according to terms may be sent to a collection agency for recovery. If the account is sent to collections, a fee of \$50.00 will be applied to the account for processing.

### Authorization

I, the undersigned owner or owner's agent, of the identified animals, certify that I am over eighteen (18) years of age, acknowledge and confirm the information here is accurate and correct to the best of my understanding. I also, thereby consent to the examination for my pet(s) by the veterinarians and staff of First City Veterinary Hospital, and after consultation with me, to prescribe for, treat, hospitalize, anesthetize and/or perform surgery on my pet.

Signature of person responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

**To better serve our patients, we request that all appointments be scheduled. Emergencies, of course, will be given priority over all other cases.**