

East Brook Animal Hospital

143 Storrs Rd, Mansfield Center, CT 06250

New Client/Patient Registration Form

PET OWNER INFORMATION:

Primary Contact: First Name: _____ Last Name: _____

Second Contact: First Name: _____ Last Name: _____

Primary Street Address _____ Apt # _____

City: _____ State: _____ Zip: _____

****Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information****

Best Phone Number to be reached: Cell / Home _____

Secondary contact phone number: Cell / Home / Work _____

Email (Please print clearly): _____

[We may send reminders by email or important info related to health, hospital staff changes, promotions, etc]

How did you hear about us? Our website Social Media Walk in/Drive by Other

Pet Pals Referral Friend/Client (name) _____

PATIENT INFORMATION:

Name: _____ Feline Canine Other: _____

Breed: _____ Female Male Spayed/Neutered

Date of Birth: ____ / ____ / ____ Estimated Age: _____ Unknown

Colors / Markings: _____ Is your pet microchipped? Yes No

Pet Photo Release

We think your pet is PAWS-itively perfect and want everyone to know! By signing this waiver I give the **East Brook Animal Hospital** the right to use the photo(s) and name of my pet provided for reproduction in any promotional medium including but not limited to; website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further, you also agree to release East Brook Animal Hospital from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and confirm that you are over the age of 18 years old. _____ (initial)

FINANCIAL POLICY SUMMARY:

We do not bill for services. Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, VISA, MASTERCARD, Care Credit, Discover and AMEX payments. We only accept personal checks from established clients. There is a \$25 fee on returned checks. Any information that we collect is private and for our use only. **We do not extend credit.**

I have read, understand, and agree to the Financial Policy. I authorize the use of my credit card if I have completed that information:

Signature: _____ Date: _____