

# Raymond Animal Hospital

## New Client Registration

Thank you for giving our Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER(s) \_\_\_\_\_  
Last First Initial

SPOUSE \_\_\_\_\_  
Last First Initial

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone(\_\_\_\_) \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like an email sent for your pet's reminders? Y N

Place of Employment \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Referred By \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Friend \_\_\_\_\_

Method of Payment \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MASTER CARD/VISA \_\_\_\_\_ DISCOVER

Do you have pet insurance? \_\_\_\_\_ Company \_\_\_\_\_

### PATIENT INFORMATION

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ SEX \_\_\_\_\_ NEUTERED? Y N DATE OF BIRTH \_\_\_\_\_

Has your pet been vaccinated? Y N If so, when? \_\_\_\_\_  
For what? \_\_\_\_\_

What is your pet's diet? \_\_\_\_\_

Are there any other pets in the household? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Is your pet currently taking medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Does your pet suffer from any allergies? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

What health care or grooming products are you currently using? \_\_\_\_\_

May we use your pet's picture on our RAH Facebook page or website? Y N

It is our policy to provide you with an estimate of fees upon request for any care where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.

All fees are due upon release of patient.

\_\_\_\_\_ Date \_\_\_\_\_  
Client's Signature