

## REGISTRATION INFORMATION

**Owner Information:**

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Owner's Social Security: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer's Name & Address: \_\_\_\_\_  
Spouse's/Other's Employer's Address: \_\_\_\_\_

The best time to call you about your pet is (time) \_\_\_\_\_ at phone number \_\_\_\_\_  
In case of an emergency, please call \_\_\_\_\_ at phone number \_\_\_\_\_

Please check which method you prefer to be contacted by: Text Message: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Information:**

Patient's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

**Vaccine History:**

Name of previous veterinary hospital: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Vaccine(s): \_\_\_\_\_

**Medical History:**

Does your pet have any allergies or medical conditions we should know about? If so, please list below:

\_\_\_\_\_

**Referral Information:**

How did you hear about/choose Radford Animal Hospital?  
Yellow pages \_\_\_\_\_ Direct mail \_\_\_\_\_ Location/drive by \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_  
Newspaper advertising/article \_\_\_\_\_ Reputation \_\_\_\_\_ Referral \_\_\_\_\_

Does Radford Animal Hospital staff have your permission to advise other veterinary hospitals, grooming and boarding facilities, animal control and humane societies with your pets medical and vaccination records if they call and request them? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Does Radford Animal Hospital staff have your permission to call other veterinary hospitals, animal control and humane societies, grooming, and boarding facilities for information on your pets medical and vaccination status? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

***I assume all responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of the animal's release from the hospital and a deposit may be required for surgical and/or medical treatment.***

Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_