



We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____

Address: _____

Significant Other: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone _____

How did you learn about our clinic? Sign Outside Yellow Pages Facebook Recommendation
 Website News Paper Other: _____

Your email address will only be used for our automatic reminder system that informs you when your pet's vaccines, recheck appointments, and any other pertinent information regarding your pet, are due. This method will be used in lieu of reminder cards or phone calls.

If recommended, by whom? _____

Reason for Visit: _____

Do you have Pet Insurance? Yes No

If yes, which company & policy number? _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate or Age: _____

Undetermined Male Neutered Female Spayed

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

I authorize Newport Animal Hospital to use photographs of my pet for purposes of publicity, advertising, web content, and/or the Newport Facebook page.

Signature of Owner: _____ Date: _____