

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** **Website** **Newspaper**

Recommendation **Google/Bing Search** **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 _____

Type of Pet **Dog** **Cat** **Other** _____

Breed _____ **Color** _____

Birthday or Age _____

Male **Female** **Neutered** **Spayed** **Undetermined**

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** _____