

**HOWERTON ANIMAL HOSPITAL
OWNER/PATIENT REGISTRATION**

Date _____

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Spouse Cell _____

Place of Employment _____ Work Phone _____

Spouse's Employment _____ Spouse's Work Phone _____

Driver's License# _____ SSN _____ Spouse's Dr License# _____

E-Mail Address _____ D.O.B _____ Spouse .D.O.B _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. A \$2.00/mo. billing fee, plus 1-1/2%/mo. interest will be accrued on all unpaid balances. After 90 days, actual cost of collection fees will be assessed and the account will be turned over for collection.

Please indicate choice of payment: _____ CASH _____ CHECK _____ CREDIT CARD

PATIENT/HERD INFORMATION

	Patient #1	Patient #2	Patient #3
Name	_____ / _____	_____ / _____	_____ / _____
Breed	_____ / _____	_____ / _____	_____ / _____
Birthday/Age	_____ / _____	_____ / _____	_____ / _____
Color	_____ / _____	_____ / _____	_____ / _____
Sex	_____ / _____	_____ / _____	_____ / _____

YOUR HORSE'S MEDICAL HISTORY (last date vaccinations were given)

Rabies	_____ / _____	_____ / _____
4-Way	_____ / _____	_____ / _____
5- Way	_____ / _____	_____ / _____
West Nile	_____ / _____	_____ / _____
Rhino	_____ / _____	_____ / _____
Deworming	_____ / _____	_____ / _____

YOUR HERD'S MEDICAL HISTORY

Blackleg	_____ / _____	_____ / _____
Resp. Virus	_____ / _____	_____ / _____
Pinkeye	_____ / _____	_____ / _____
Lepto	_____ / _____	_____ / _____
Deworming	_____ / _____	_____ / _____

How did you become aware of our clinic? ___ Drove by ___ Yellow Pages ___ Previous Client
___ Personal Referral (Whom may we thank?) _____

SIGNATURE OF OWNER OR AGENT _____

By signing, I verify the above info is correct and that I have read the form and agree to payment terms and authorize the treatment of my animals.

Please check if you would like additional information about:

___ Breeding Services ___ Nutrition ___ Pet Services ___ Other Services

WL sent _____