

**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 _____ DEBIT CARD

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Name	_____ / _____	_____ / _____	_____ / _____
Breed	_____ / _____	_____ / _____	_____ / _____
Birthday	_____ / _____	_____ / _____	_____ / _____
Color	_____ / _____	_____ / _____	_____ / _____
Sex	_____ / _____	_____ / _____	_____ / _____
Spay/Neuter	_____ / _____	_____ / _____	_____ / _____

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

Rabies	_____ / _____	_____ / _____
DALPP	_____ / _____	_____ / _____
Bordetella	_____ / _____	_____ / _____
Lyme	_____ / _____	_____ / _____
Fecal	_____ / _____	_____ / _____
Heartworm test	_____ / _____	_____ / _____

YOUR CAT'S MEDICAL HISTORY

Rabies	_____ / _____	_____ / _____
FVRCP	_____ / _____	_____ / _____
Fel. Leukemia	_____ / _____	_____ / _____
Fecal	_____ / _____	_____ / _____

Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special diets or medication? _____

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:

___ Boarding ___ Grooming ___ Obedience Training ___ Other Services WL sent _____