



# KENTHAVEN ANIMAL HOSPITAL

## NEW CLIENT & PATIENT REGISTRATION

Owner Name: \_\_\_\_\_ Additional Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

Pets #1 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Color: \_\_\_\_\_ SEX: Male Female Altered? YES NO

Pets #2 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Color: \_\_\_\_\_ SEX: Male Female Altered? YES NO

Name of Previous Veterinarian: \_\_\_\_\_ Date of Last Exam/vaccines: \_\_\_\_\_

Please list previous surgeries, serious illnesses, allergies or accidents: \_\_\_\_\_

### AUTHORIZATION

I am the owner or responsible party for the above described pet(s) and have the authority to consent for treatment. I understand that all payments must be made when services are rendered unless prior arrangements have been made.

Accepted methods of payment include Cash, Checks, Discover, VISA, MasterCard American Express and Care Credit.

An estimate of services can be prepared at any request

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_