

Hopewell Veterinary Hospital: New Client/Patient Registration Form

Client Information:

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Alternate Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Patient Info:

Species: Dog Cat Other _____

Name: _____ Birthdate (approx. if unknown): _____

Sex: _____ Is your pet spayed or neutered? _____ Microchip# _____

Breed/Color/Markings: _____

Medical History:

Canine Vaccinations:

- Rabies: _____
- DHPP: _____
- Lepto: _____
- Bordetella: _____
- Lyme: _____
- Influenza: _____

Feline Vaccinations:

- Rabies: _____
- FVRCP: _____
- FeLV: _____

Test Results:

- Heartworm test (date/result): _____
- Fecal Exam (date/result): _____
- Feline Leukemia/FIV test (date/result): _____

Previous Issues/Ongoing Concerns: _____

In admitting my pet(s) for diagnostics, treatment or surgery, I authorize the veterinarians of Hopewell Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostic and surgical procedures as deemed necessary. I understand that all fees are to be paid at the time services are performed. I understand that an estimate of charges can be given upon request. Further, I acknowledge that actual charges may exceed a given estimate if complications arise.

Signature: _____ Date: _____