



Welcome to Breeze Animal Hospital



Welcome and thank you for giving us the opportunity to care for your pet. We will be glad to answer any questions that you may have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely.

Registration

Owners Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____ Driver's License Number: _____

Employer: _____ Spouse/Other: _____

Emergency Contact W/Phone #: _____

Pet Health History

Name	Species & Breed	Color	Sex (Spayed or Neutered)	DOB
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

OUR POLICY OF CARE AND PAYMENT

Payment is required at the time service is rendered. We accept all major credit cards, cash, checks and Care Credit. For information on Care Credit visit Care Credit .com or ask one of our team members. If you choose to apply for Care Credit and the application is declined, another form of payment will be required.

Signature of person responsible for charges and pet(s) care: _____

Please let us know how you heard about us! (Yellow Pages, road sign, Etc. If someone referred you, please let us know so that we can thank them personally) Thank you! _____

