



POPLAR ANIMAL HOSPITAL



Client Registration

Client information			
Owner Name			
Address			
City	State	Zip Code	
Home Phone	Work Phone	Mobile/Other	Email Address
Employer			
Social Security No.		Driver's License No.	

Spouse/Other Information			
Name			
Home Phone	Work Phone	Mobile/Other	Email
Employer			
Social Security No.		Driver's License No.	

Pet Information			
Name			
Date of Birth	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female Spayed
Previous Veterinarian			
Allergies		Other Medical Information	

How did you learn about us? Friend/Relative Breeder Yellow Pages Location/Sign Other

If Other, Please explain: _____ If referred, whom can we thank? _____

(Turn Over)

Pet Information			
Name			
Date of Birth	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed
Previous Veterinarian			
Allergies		Other Medical Information	

Pet Information			
Name			
Date of Birth	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed
Previous Veterinarian			
Allergies		Other Medical Information	

Authorization:

I assume all financial responsibility for all charges incurred in the care of this animal. I also understand that payment is due at the time of services rendered and that a deposit may be required in the case of hospitalization and/or surgical care.

I authorize the following individuals to make decisions regarding care of this animal including treatment options and euthanasia.

Name _____
 Name _____
 Name _____

Signature _____ Date _____

Please Keep my credit card information on file for ease of any emergency or other authorized treatment:

Credit Card Type (Visa/MC)	Number:	Expires:
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Authorized signature _____

Your Pet's Best Friend for Health