

Welcome to Summerlin Animal Hospital

New Client & Pet Registration

Please fill in the appropriate info as it pertains to you and your pet. Fields not applicable may be left blank, or you can note NA. Thank you for giving us the opportunity to serve you and your pet.

Your Name: _____ Spouse/Co-Owner: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #: _____ E-mail Address: _____

Place of Employment: _____ Driver's License #: _____

Are you interested in on-line prescription/food ordering? ☐ Yes ☐ No

How did you hear about us: ☐ Phone Book? ☐ Internet? ☐ Drove by? ☐ Referral? By Whom: _____

Pet Information

#1. Pet's Name: _____

☐ Canine ☐ Feline

Breed: _____ Color: _____

Male: _____ Female: _____ Altered? _____

DOB: _____ Age: _____

#2. Pet's Name: _____

☐ Canine ☐ Feline

Breed: _____ Color: _____

Male: _____ Female: _____ Altered? _____

DOB: _____ Age: _____

#3. Pet's Name: _____

☐ Canine ☐ Feline

Breed: _____ Color: _____

Male: _____ Female: _____ Altered? _____

DOB: _____ Age: _____

Vaccination History

Date of Last Vaccine

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DHPP _____ FVRCP _____
Parvo _____ Bordetella _____
RABIES _____ 1yr _____ 3yr _____
Lyme _____ FELV _____

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Financial/Hospital Policies

We thank you for allowing us to take care of your pet. The undersigned hereby acknowledges that he/she is entering into an agreement with Summerlin Animal Hospital for veterinary services. As owner or authorized agent, I understand that the hospital shall obtain permission for treatment from the person present the patient. I also realize that in the event of unforeseen circumstance, emergency measures may need to be instituted before my permission can be obtained. In order to provide the best possible animal care, we require that all professional fees are due at the time services are rendered. We accept several payment options. They include cash, personal checks, debit cards, as well as credit cards (Visa and Mastercard accepted) There will be a \$35.00 service charge for any check returned unpaid. Any account requiring outside collection will be charged all applicable collection fees incurred by this hospital.

Care Credit payment plan: A receptionist will be happy to discuss this monthly payment plan with you. Approval from Care Credit is required.

I have read the above and hereby authorize the veterinarian to examine, prescribe for, and treat the above pet(s). I assume responsibility for all charges incurred in the care of the animal. **I also understand that ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

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Signature of Client Responsible for Pet(s)

Date

Co-Owner or Spouse

Date