



New Pet Registration Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information

Owner Name _____ Co-Owner Name _____

Address _____ Apt# _____

City _____

State _____ Zip Code _____

Primary phone () _____ - _____

Secondary phone () _____ - _____

EMAIL ADDRESS: (for hospital & client use ONLY-vaccine reminders & hospital specials):

Emergency Contact Name _____ Emergency Contact Number () _____ - _____

How did you hear about our hospital? (Circle one)

Online Search

Phone Book (Yellow Pages)

Phone Book (Local Zip Pages)

Referral

Drive By

Live In Neighborhood

Other _____

Patient Information

Pet's Name _____

Species Dog Cat Other _____

Sex of Pet Male Female

Is your pet spayed/neutered? Yes No

Breed _____

Date of Birth/Age _____

Color/Markings _____

Any previous illnesses or non-elective surgeries?

Is your pet on a special diet or any medications? _____

Any allergies to vaccines or medications? _____

I hereby authorize Timonium Animal Hospital to examine my pet and give permission for diagnoses and treatment of my pet. **I understand that payment is due at the time of service.**

We highly suggest you apply for Care Credit prior to arrival, to ensure you have payment for your bill (carecredit.com / amounts over 200.00 have 0% interest for 6 months)

In the event that your account needs to be placed with a collection agency, processing fees will be added to the balance. Estimates for treatment are always available upon request.

Should my pet require hospitalization, I understand that he or she must be picked up when treatment has been completed. Pets that are not picked up in a timely manner will be considered abandoned and handled as such in accordance with the law.

Signature of Authorized Agent _____ Date ____ / ____ / ____

DRIVER'S LICENSE WILL BE REQUESTED, WHEN PAYING BY CHECK.