



# Adair County Animal Hospital

*Welcomes you and your pets!*



Thank you for giving us the opportunity to care for your pet.

We'll be happy to answer any questions you have about your pet's health.

To insure the best care possible, please take the time to fill in this form completely. Thank you!

## REGISTRATION

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/ Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency with your pet, who should we call? \_\_\_\_\_ Phone # \_\_\_\_\_

Email (to receive reminders about appointments, vaccinations, etc.) \_\_\_\_\_

(Please Circle one) How would you prefer we contact you? Phone Call Text Message Email

## PET INFO

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Sex: Spayed or Neutered?				
Date of Birth				
Cat/ Dog/ etc.				
Breed				
Color				
Date of last vaccs & type				

## PAYMENT INFO

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service or release and that a deposit may be required for extensive or surgical treatment.

Signature of Owner or Co-Owner \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Name on Driver's License \_\_\_\_\_

Method of Payment (Circle One): Cash Debit Card Visa Mastercard Care Credit Check Other \_\_\_\_\_