

Client Number: _____
(Office Use Only)

Today's Date: _____

NORTH HILLS ANIMAL HOSPITAL

“Putting Our Heart In Your Best Friend's Care”

CLIENT REGISTRATION FORM

Pet's Microchip #: _____

Client/Owner Name: _____ Spouse/Other: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Spouse Cell Phone: _____

E-mail: _____

Pet's Name: _____ Age/Date of Birth: _____

Dog Cat Male Neutered Female Spayed

Breed: _____ Color: _____ Indoor Only In/Out Mostly Outdoor

Other Animals in Household: _____

Does your pet have any chronic/ongoing medical problems?
(Please specify along with any medications being given.) _____

Has the pet been treated for any illness in the past year? Yes No

Is the pet currently under the care of a veterinary specialist? Yes No

Previous veterinarians where past records can be obtained if necessary: _____

How did you hear about us? _____

I assume responsibility for all charges incurred in the care of the above named animal. I understand that **all charges incurred must be paid for at the time services are rendered**. I understand that for surgical or medical cases a deposit may be required before treatment is initiated.

Signature of owner/responsible party: _____

Client Number: _____
(Para uso de la oficina únicamente)

Fecha de hoy: _____

NORTH HILLS ANIMAL HOSPITAL
“Ponemos el corazón en el cuidado de tu mejor amigo”
FORMULARIO DE REGISTRO DE CLIENTE

Número del microchip de la mascota: _____

Nombre del propietario: _____ Cónyuge/otro: _____

Dirección: _____ Apto: _____

Ciudad: _____ Estado: _____ Código postal: _____ Condado: _____

Teléfono de la casa: _____ Celular: _____

Teléfono del trabajo: _____ Celular del cónyuge: _____

Correo electrónico: _____

Nombre de la mascota: _____ Edad/fecha de nacimiento: _____

Perro Gato Macho Castrado Hembra Esterilizada

Raza: _____ Color: _____ Solo interior Sale y entra Aire libre

Otros animales en la casa: _____

Tiene la mascota problemas médicos crónicos o continuos?
(Por favor especifique junto con las medicaciones que le están dando.) _____

Se le ha tratado a la mascota alguna enfermedad durante el último año? Sí No

Está la mascota siendo tratada por un especialista veterinario? Sí No

Veterinarias anteriores donde podemos obtener la historia médica: _____

Cómo se enteró de nuestra clínica? _____

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Firma del propietario/parte responsable : _____