



Columbia Belvedere Animal Hospital

REGISTRATION FORM



Owner's Name _____ Spouse's Name _____

Address _____ Apartment # _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name and Address _____

In case of emergency, please call _____

Emergency Number _____

1. Pet's Name _____ Date of Birth/Age _____

Dog _____ Cat _____ Other _____ Breed _____

Male _____ Female _____ Spayed or Neutered? _____ Color(s) _____

Special Markings/Microchip/Personality _____

Was this pet examined by a veterinarian within the last year? _____

Is this pet currently taking medications? _____ If yes, please list _____

2. Pet's Name _____ Date of Birth/Age _____

Dog _____ Cat _____ Other _____ Breed _____

Male _____ Female _____ Spayed or Neutered? _____ Color(s) _____

Special Markings/Microchip/Personality _____

Was this pet examined by a veterinarian within the last year? _____

Is this pet currently taking medications? _____ If yes, please list _____

How did you choose our animal hospital? Listing _____ Referral _____ Live Nearby _____

Referral Name or Listing Source Name _____

Welcome to our hospital. Thank you for the opportunity to serve your pet's needs. We strive to provide quality veterinary care at an affordable price. Payment is expected at the time of service. We do not bill, but for your convenience, we accept Mastercard, Visa, American Express and Discover cards, and your personal check drawn on a local bank with a valid ID.

I assume full responsibility for all charges incurred in the treatment of this pet. I also understand that these charges are due at the time of service. This is my pet and I authorize Columbia Belvedere Animal Hospital to perform the requested services.

Signed _____ Date _____