Evergreen Animal Hospital Registration

DATE_____ *E-MAIL ADDRESS_____

OWNER'S NAME_____SPOUSE/OTHER_____

**WHO IS THE PRIMARY CAREGIVER FOR THIS PET? _____

ADDRESS_____CITY_____STATE_____ZIP_____

HOME TELEPHONE#_____WORK TELEPHONE#_____

CELL PHONE (1)_____CELL PHONE (2)_____

EMPLOYER'S NAME & ADDRESS_____

SPOUSE/OTHER'S EMPLOYER & ADDRESS_____

AT WHAT TIME_____AND AT WHAT PHONE #_____IS IT BEST TO CALL ABOUT YOUR PET?

IN CASE OF EMERGENCY, PLEASE CALL_____AT TELEPHONE #_____

PET'S NAME_____APPROXIMATE DATE OF BIRTH_____

DOG CAT OTHER SEX: MALE NEUTERED UNNEUTERED

BREED_____ FEMALE SPAY UNSPAYED

COLOR_____

REASON FOR VISIT_____

PREVIOUS VET WHRE PAST RECORDS CAN BE OBTAINED_____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR?_____

SPECIFY PROBLEM(s), MEDICATION & DOSAGE, IF KNOWN_____

_____

HOW DID YOU FIRST HEAR OF US?: CLIENT, OTHER VET, TELEPHONE DIRECTORY, WEB SITE, LOCATION, OTHER _____

INDIVIDUAL WE MAY THANK? _____

LIST THE NAMES AND TYPES OF ANY OTHER ANIMALS THAT YOU OWN: _____

_____

DRIVER'S LICENSE # _____

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 RELEASE AND THAT A DEPOSIT. MAY BE REQUIRED FOR SURGICAL TREATMENT.

OWNER OR RESPONSIBLE PARTY_____