

WELCOME

Thank you for giving Centennial Animal Hospital the opportunity to care for your pet(s). To ensure the best care possible, please fill out this form completely.

REGISTRATION

OWNER: Last: _____ First: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Which number is best to reach you? Home/Cell Can you receive text messages? Yes / No
Email address: _____
May we send you reminders via email? Yes / No
Employer Name: _____ Employer Phone: _____

CO-OWNER: Last: _____ First: _____
Home phone: _____ Cell: _____
Employer Name: _____ Employer Phone: _____

Previous Vet: _____
Whom should we thank for referring you? _____

PET HEALTH HISTORY

NAME: _____ SEX: Male / Female
BREED: _____ NEUTERED (Male) _____ SPAYED (Female) _____
COLOR: _____ BIRTHDATE or Age: _____
CURRENT MEDICATIONS: _____
Please bring and give any medical records/vaccine records to the receptionists to make copies.

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet described. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment. Unpaid balances are subject to collection costs including late payment fees, court costs and attorney's fees.

_____ CAH has my permission to take pictures of my pet; they may be used for the pets file, and can be posted to our websites.

I authorize my emergency contact (**other than myself**) to pursue treatment if I am unavailable. Emergency contact must be an adult over the age of 18.

Emergency Contact: _____ Phone #: _____

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____