

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: _____

CO-OWNER: Last: _____ First: _____
Home phone: _____ Cell: _____

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

PET HEALTH HISTORY

NAME: _____ SEX: Male / Female
BREED: _____ NEUTERED (Male) _____ SPAYED (Female) _____
COLOR: _____ BIRTHDATE: _____ OR AGE _____

MEDICAL CONDITION(S): _____

CURRENT MEDICATION(S): _____

DIET: _____

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 pet described above. I assume responsibility for all charges incurred in the care of this animal. I also understand that those 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.

- **Yes or No** Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your name and personal information will never be shared.

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

Emergency Contact: _____ Phone #: _____

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____