

**SPOTSYLVANIA ANIMAL HOSPITAL**

**Owner-Pet Registration**

Thank you for the opportunity to care for your pet. Please complete all information below:

Owner's Name: \_\_\_\_\_

Last

First

Middle Initial

Spouse/Co-Owner's Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Co-Owner's Employer: \_\_\_\_\_

How did you hear about us? Phone Book: \_\_\_ Sign: \_\_\_ Referral: \_\_\_ Other: \_\_\_ If you were referred, who may we thank?

**Missed Appointment Policy:**

Please call if you cannot keep your scheduled appointment. Surgery appointments require 24 hour notice for cancellation. Missed appointments are subject to a \$25 fee, and missed surgical appointments are assessed a \$50 fee. Fees must be paid prior to any future appointment.

**Please be aware that we do not accept personal checks as payment for first time visits. Clients/Owners are assessed a \$50 returned check fee and are liable for any costs related to collection of payments, including but not limited to legal fees and court costs.**

Please note: All fees are due at the time of service. At your request, we will provide you with a written estimate of fees for any medical or surgical treatment recommended. A deposit may be required depending on the amount of the estimate. I understand that I will be legally responsible for all collection fees should my account become delinquent. The information provided above is accurate to the best of my knowledge as of today's date; I have read and understood the information on this form.

Owner: \_\_\_\_\_ Co-Owner's/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Your information will be kept strictly confidential.**

**Please provide your pet's information on the reverse**

**PATIENT INFORMATION**

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Previous Doctor & Clinic: \_\_\_\_\_ May we request records? Yes: \_\_\_ No: \_\_\_

May we post a photo of your pet on our website or use in our social media postings? Yes, my pet(s) is/are a super star(s): \_\_\_  
No, my pet(s) is/are very shy: \_\_\_