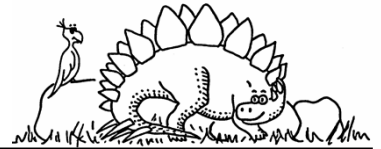


# Quarryside Animal Hospital

Caring for Dogs, Cats, Birds and Exotic Pets



Date \_\_\_\_\_

Client # \_\_\_\_\_

## FURRY PET REGISTRATION

### CLIENT INFORMATION

#### Primary Contact:

\_\_\_\_\_

Last

First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email \_\_\_\_\_

#### Secondary Contact:

\_\_\_\_\_

Last

First

Relationship to Primary

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_ Color/Markings \_\_\_\_\_

Sex (if known) \_\_\_\_\_ Date of Birth (approx) \_\_\_\_\_

Species: \_\_\_\_\_

#### ENVIRONMENT

Diet \_\_\_\_\_

Caging & Bedding (wood chips, carpet, etc.) \_\_\_\_\_

#### PAYMENT POLICY

**Professional fees are to be paid IN FULL at the time of services or at the time of your pet's discharge from the hospital.** If you leave your pet for hospitalization you may be required to leave a deposit. (If for any reason a balance occurs, a 1 ½ % finance charge will be added monthly to any outstanding balance.)

**Owner's signature** \_\_\_\_\_

Signature of person presenting this

pet for treatment if other than owner: \_\_\_\_\_