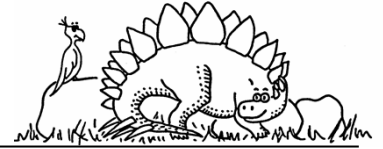


Quarryside Animal Hospital

Caring for Dogs, Cats, Birds and Exotic Pets



Date _____

Client # _____

REPTILE 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

Telephone _____ Work _____ Cell phone _____

Place of Employment _____

Email _____

Referred by _____

PET INFORMATION

Name _____ Type of Reptile _____

Sex (if known) _____ Date of Birth (approx) _____

Type of heating _____ Type of Lighting _____

Average Day Temperature _____ Night Temperature _____

Caging & Bedding _____ Supplements or vitamins _____

Type of Diet _____ Frequency of Feeding _____

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: _____