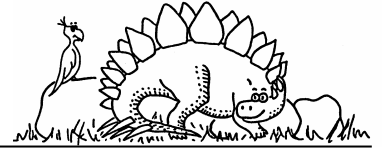


Quarryside Animal Hospital

Caring for Dogs, Cats, Birds and Exotic Pets



Date _____

Client # _____

AVIAN 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/ID # _____ Breed _____

Sex (if known) _____ Date of Birth (approx) _____ Color/Markings _____

DIET _____

Vitamins or Supplements _____

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 off person presenting this
pet for treatment if other than owner: _____