



## CLIENT REGISTRATION

### Client Information (Please Print)

Prefix (please circle): Mr Mrs Miss Ms

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Best Number to Reach You:** Home/Work

### Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (Spayed/Neutered) Color: \_\_\_\_\_

Last Seen by Veterinarian/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### How Did You Hear About Us?

Sign \_\_\_\_\_ Referred By: \_\_\_\_\_ Internet Search \_\_\_\_\_ Other \_\_\_\_\_

**Thank you for choosing Cornwallis Road Animal Hospital! Our primary mission is to provide compassionate care, affordable rates and superior comprehensive veterinary care with a family approach. We diligently strive to ensure that the cost of quality veterinary care is as economical and manageable for our clients as possible by offering multiple payment options.**

**We offer multiple payment options in the form of: Cash, Check, Visa, Mastercard, Discover, American Express, and Care Credit.**

**\*\*\*All returned checks will be charged an additional \$35.00\*\*\***

**Any necessary treatments and/or hospitalized care will be provided an estimate.**

**\*\*\*Rolesville Veterinary Hospital requires payment in FULL at the time of check out. \*\*\***

**By signing below, you acknowledge and fully understand the Cornwallis Road Animal Hospital Financial Policy and agree to the Cornwallis Road Animal Hospital terms of payment.**

**Signature** \_\_\_\_\_

**Photo Consent**

I hereby grant Cornwallis Road Animal Hospital permission to take photographs of my pet(s), and to publish those photographs for any lawful purpose, include, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I understand that Cornwallis Road Animal Hospital will not use my name or my pet's name.

By signing this document, I authorize Cornwallis Road Animal Hospital to edit and share the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my pet(s) image(s) and name(s) for the personal or commercial purposes outlined above.

**Signature** \_\_\_\_\_

# Pet Registration

## 1<sup>ST</sup> PET INFORMATION

Name: \_\_\_\_\_

Species (Cat or Dog): \_\_\_\_\_ Reptile or Exotic Pet \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ If unknown, approximate age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed / Neutered \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your pet up to date on vaccines? \_\_\_\_\_

Please list prior illnesses, surgeries, allergies:

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, names of medications and dosage:

\_\_\_\_\_

\_\_\_\_\_

## 2<sup>ND</sup> PET INFORMATION

Name: \_\_\_\_\_

Species (Cat or Dog): \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ If unknown, approximate age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed / Neutered \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your pet up to date on vaccines? \_\_\_\_\_

Please list prior illnesses, surgeries, allergies:

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, names of medications and dosage:

\_\_\_\_\_

\_\_\_\_\_