

# Prime Care Animal Hospital

## CLIENT REGISTRATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mr. or Mrs.?

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Mr. or Mrs.? Work or Cell: (\_\_\_\_) \_\_\_\_\_ Mr. or Mrs.?

Social Security Number: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

If you are 65 years of age or older, you qualify for a 10% discount. If this applies to you, please check here. \_\_\_\_\_  
Check if you are a member of the: Police \_\_\_\_ Fire \_\_\_\_ Teacher \_\_\_\_ Active Duty Military \_\_\_\_ (ID will be required)

Emergency Contact Person (Other than owner): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How did you hear about Prime Care Animal Hospital, Inc.? SPCA \_\_\_\_ Cats R Us \_\_\_\_ Cause 4 Paws \_\_\_\_

You are a Previous Client \_\_\_\_ Saw Sign/Hospital \_\_\_\_ Yellow Pages \_\_\_\_ Personal Referral (name of person) \_\_\_\_\_

Internet-Facebook \_\_\_\_ Internet-Google \_\_\_\_ Internet-LocalVets website \_\_\_\_ Internet-Other (please specify) \_\_\_\_\_

If you would like to pay by check, please supply the following information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

.....  
Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dog \_\_\_\_ Cat \_\_\_\_ Other \_\_\_\_ Sex: Male \_\_\_\_ Neutered \_\_\_\_ Unneutered \_\_\_\_  
Female \_\_\_\_ Spayed \_\_\_\_ Unspayed \_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Microchip #: \_\_\_\_\_

If not microchipped, would you like your pet to be microchipped? Yes \_\_\_\_ No \_\_\_\_

Reason for this visit: \_\_\_\_\_

Previous Veterinarian(s) where past records can be obtained if necessary: \_\_\_\_\_

Would you be willing to let us use your pet's photo on our social media pages? Yes \_\_\_\_ No \_\_\_\_