

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: _____ Email Address: _____

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-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 ____