ANIMAL'S BEST CHOICE VETERINARY HOSPITAL
REGISTRATION

Owner's Full Name _____ &Date of Birth_____

Address _____ City _____ State _____ Zip_____

Spouse/Other_____ Home Telephone _____Cell_____

EMAIL ADDRESS _____

Employer's name & address_____

Phone number_____ In case of EMERGENCY, please call _____ at

telephone number _____ .

PATIENT HISTORY: Please fill out to the best of your knowledge

	PATIENT 1	PATIENT 2	PATIENT 3
NAME			
BREED			
COLOR			
DATE OF BIRTH			
SEX			
NEUTERED/SPAYED?			
DATES VACCINATED?			
HEARTWORM PREVENTION?			
FLEA PREVENTION?			
KNOWN DRUG ALLERGIES?			

Previous veterinarian(s) where past records could be obtained, if necessary? _____

Has your pet(s) been treated for any illnesses in the past year? [ ] Yes [ ] No

   Specify problem(s) medications, and dosages, if known. _____

How did you first hear of us? [ ] Yellow Pages [ ] Other _____

Individual we may thank? _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time the services are rendered, and that a deposit may be required for surgical or drop-off treatment. We do not accept checks for first visits. We do not accept post dated checks. Checks returned for NSF or Account Closed will incur a minimum $25.00 fee and will be criminally prosecuted.

If default be made in payment, for this or any future services rendered, and if such default is not made good within ten (10) days, the entire principal sum and accrued interest at 18% per annum shall at once become due and payable without further notice. Failure to exercise this option shall not constitute a waiver of the right to exercise same at a later time for the same default and if same is placed in hands of a Collection Agency, or an Attorney at Law for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Presentment, protest and notice are hereby waived.

Driver's License # _____ **(photocopy of Driver's License attached)**

Owner or responsible party _____ **Date:** _____