

# ARDMORE ANIMAL HOSPITAL

*A Medical and Surgical Facility • Professional Grooming*

24 E. Athens Avenue Ardmore, PA 19003 610.642.1160



## New Client Registration Form

Welcome to the Ardmore Animal Hospital. Please fill out this form completely. If you need any assistance with breed or vaccine information, please ask at the front desk and we will be happy to help you.

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

**\*\*Without this information we will be unable to accept checks**

### Pet Information

Species (Circle One): DOG CAT Other: \_\_\_\_\_

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

Name of Pet: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered? YES NO

### Vaccination History

#### DOGS:

#### CATS:

DATE OF:

LAST DHLPP(DISTEMPER) \_\_\_\_\_

LAST FVRCP (DISTEMPER) \_\_\_\_\_

LAST RABIES \_\_\_\_\_

LAST RABIES \_\_\_\_\_

LAST HEARTWORM TEST \_\_\_\_\_

FELINE LEUKEMIA TESTED? YES NO

LAST FELV VACCINE \_\_\_\_\_

IF YOU DO NOT HAVE WRITTEN RECORDS, PLEASE PROVIDE THE HOSPITAL NAME WHERE YOUR PET WAS VACCINATED. IF YOU HAVE NO WRITTEN RECORD AND DO NOT RECALL THE HOSPITAL NAME, WE WILL VACCINATE YOUR ANIMAL IF THE ANIMAL'S HEALTH PERMITS IT.

PREVIOUS HOSPITAL'S NAME \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

THE ARMORE ANIMAL HOSPITAL HAS A **STRICT NO BILLING POLICY. PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.** A DEPOSIT IS REQUIRED ON ALL HOSPITAL CASES AND NON-ELECTIVE SURGERIES. THIS DEPOSIT WILL BE APPLIED TO YOUR TOTAL BILL.

YOU WILL BE PAYING FOR TODAY'S VISIT BY:

VISA/MASTERCARD

CHECK

CASH

REFERRED BY: \_\_\_\_\_