OWNER AND PATIENT REGISTRATION FORM

PLEASE PRINT CLEARLY

Please Check One ☐ **New Client** ☐ **Current Client - New Pet**

Name _____ (Last) _____ (First)
SS No. _____
Phone No.: _____
Cell No.: _____
E-Mail Address _____
Emergency No.: _____

Address _____ (Street) _____ (City, State, Zip)

Employer _____
Work Phone: _____

Spouse or Co-Owner's Name _____

Referred By _____	**Person's Name**	☐	**Verizon Yellow Pages**	☐	**SPCA**
	Other (Specify)	☐	**Welcome Wagon**	☐	**Internet**
		☐	**Yellow Book**	☐	**Local Ad**

Why did you choose Aston Veterinary Hospital?		☐	**Referral**	☐	**Location**
	Other (Specify)	☐	**Hours Open**	☐	**Services Offerred**

Pet No. 1		**Pet No. 2**	
Name		**Name**	
Birth Date		**Birth Date**	
Species:	____ **Cat** ____ **Dog Other** _____	**Species:**	____ **Cat** ____ **Dog Other** _____
Breed	_____ **Sex** _____	**Breed**	_____ **Sex** _____
Neutered?	_____ **Date** _____	**Neutered?**	_____ **Date** _____
Date Last Vaccination		**Date Last Vaccination**	
Last Rabies Vaccination		**Last Rabies Vaccination**	
Where Shots Obtained		**Where Shots Obtained**	
Any Long-Term Problems		**Any Long-Term Problems**	
Current Products Using?		**Current Products Using?**	

I hereby authorize ASTON VETERINARY HOSPITAL to examine, prescribe for, treat, or perform surgery upon the above described pet(s). I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during hours deemed necessary in the judgment of the veterinarian.

Signature of Owner or Agent _____ **Date** _____

Intended Method of Payment at Time of Services ____ **Cash** _____ **Check** _____ **MC/VISA** _____ **Novus/Discover**