



### DUTCHTOWN ANIMAL HOSPITAL Client/Patient Registration Form

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

**Client Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 May we contact you at work if necessary? (Circle One) **Yes** or **No**

Spouse Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Clinic? (Circle One) **Hospital Sign/Drive-by Facebook/Google/Yelp/**  
**Other:** \_\_\_\_\_ **Friend/Family:** Who may we thank? \_\_\_\_\_

**Patient Information**

Pet Name	Species	Breed	Color	Birth Date	Sex (M/F)	Sterilized (Y/N)

**Photography**

In some instances, Dutchtown Animal Hospital may take pictures of your pet to post online for educational content or to post on social media. If you would like to decline permission for us to do so, please initial below. \_\_\_\_\_

**Authorization**

By registering as a client with Dutchtown Animal Hospital, I understand, acknowledge, and agree to pay for all expenses associated with my animal on the date of service. I will be financially responsible regardless if I am the person that has brought my animal for care or if I elect to send a proxy on my behalf. I understand and agree to make full payment using accepted forms of payment by Dutchtown Animal Hospital. Balance is to be paid in full before any additional services can be rendered. I understand if delinquent, my account will incur a monthly finance charge, and may be referred for collections.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_