



**Chadwell
Animal Hospital, LLC**

WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Owner's Last name _____ First Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse/Co-Owner _____ Main Phone _____ Alt. Phone _____

Emergency Contact Name _____ Main Phone _____ Alt. Phone _____

Drivers License Number _____

Email Address _____

How did you learn of our clinic? Recommendation Website Phone Directory Other _____

If recommended, by whom? _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Bird Reptile

Small Mammal (specify) _____ Other (Specify) _____

Breed _____ Color _____ Date of Birth _____

Male Neutered Female Spayed

Describe your pet's diet _____

Current Medications _____

Name of pet _____ Dog Cat Bird Reptile

Small Mammal (specify) _____ Other (Specify) _____

Breed _____ Color _____ Date of Birth _____

Male Neutered Female Spayed

Describe your pet's diet _____

Current Medications _____

AUTHORIZATION

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet. 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 of release and that a deposit may be required for surgical treatment. Default of payment incurs interest of 1.5% per month, plus reimbursement of all collection costs including 20% attorney fees at a minimum of \$300.00.

Signature of Owner _____ Date _____

We gladly accept Cash, Visa, MasterCard, Discover, American Express, Care Credit, and Personal/Business Checks with a valid driver's license.