



South Arundel Veterinary Hospital

Registration

Date _____ Client ID _____

Owner's name _____ Spouse/other _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Email Address _____ @ _____

Emergency Contact Name _____ Phone # _____

How did you hear about us? (Circle one) Sign Website Advertisement Referral Social Media Other

If a referral, please tell us who we can thank _____

If an advertisement or other, please tell us about it _____

What are your expectations of our hospital and staff members? _____

Do you prefer pet care reminders by email or postcard? _____

Pet Information

| | Pet Here Today | Pet at Home | Pet at Home | Pet at Home |
|-----------------|----------------|-------------|-------------|-------------|
| Name | | | | |
| Breed | | | | |
| Color | | | | |
| Birthday or Age | | | | |
| Sex/Neutered? | | | | |

Where was your pet's previous veterinary care given? _____

Any prior major surgery or chronic illness? _____

Is your pet treated for fleas/ticks? Y/N Product _____ Heartworms? Y/N Product _____

Services you may be interested in? Wellness care Boarding Daycare Microchip Training Grooming Dentistry

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pets described above. I assume responsibility for charges incurred in the care of this animal. I understand that these charges must be paid in full at the end of services and that a deposit may be required prior to surgical treatment. There is a \$35.00 charge for all returned payments and a driver's license must be provided for personal checks.

Medical records release: I _____, authorize South Arundel Veterinary Hospital to release vaccine history to any kennel or groomer, that may call for records. Any other information such as medical history, lab work, doctor's notes, etc. will require separate authorization from me at the time of request.

Signature of owner _____ Date _____

Photo Release

I release SAVH to use any photographs taken of my pet on any of their associated social media sites: **YES** **NO**

Signature of owner _____ Date _____