



Welcome

NEW HARTFORD ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely. Thank you.

REGISTRATION

Date _____ Updated _____

Owner _____ Spouse/Other _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Would you like to receive reminders by email? Yes No

Employer _____ Work Phone _____

Spouse's Employer _____ Spouse's Work Phone _____

SS# _____ Driver's License # _____ Exp. Date _____

How did you learn of New Hartford Animal Hospital?

- Location Radio Verizon Yellow Pages Docktor Pet Center
- Previous Client TV Transwestern Pages Humane Society
- Website Personal Referral (whom may we thank?) _____

Would you like more information about:

- Boarding Grooming Obedience Training

Would you like to receive our newsletter? By Mail By Email

PET HEALTH HISTORY

PET 1	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birthdate _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO At what age was the pet obtained? _____ From whom? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Humane Society <input type="checkbox"/> Other _____
PET 2	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birthdate _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO At what age was the pet obtained? _____ From whom? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Humane Society <input type="checkbox"/> Other _____
PET 3	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birthdate _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO At what age was the pet obtained? _____ From whom? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Humane Society <input type="checkbox"/> Other _____

PLEASE COMPLETE REVERSE SIDE



INSURANCE INFORMATION



Do you have pet health insurance?

IF YES	Provider _____
	Pet _____ Policy # _____
	Pet _____ Policy # _____
	Pet _____ Policy # _____

IF NO	Would you like more information about pet health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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AUTHORIZATION



As a pet owner and our client, we believe it is necessary to inform you of your rights and responsibilities regarding your pet's medical record. Your pet's medical information is protected by law. We are legally obligated to not release any information to any individual without your permission.

Examples of occasions when your pet's medical history may be requested are as follows:

- You move and your new veterinary hospital needs medical history.
- Your pet bites someone and rabies vaccination information is requested.
- You board your pet and the boarding facility calls for vaccination status.

Please **CHOOSE** and **INITIAL** one of the following:

_____ I authorize New Hartford Animal Hospital to release any and all information regarding my pet's medical records.

_____ Please **DO NOT** release any information to any person inquiring about my pet's medical records.

Authorized Agents in Owner(s) Absence:

Please list below any other person(s) you authorize to make decisions regarding the care of your pet in your absence. These people will be authorized to bring your pet in care and authorize emergency medical treatment in the event that you cannot be contacted after reasonable attempts. By authorizing others to make decisions regarding the medical care of your pet, be aware that you are still financially responsible for all care provided.

Authorized Agent Name	Telephone Number	Relationship to Owner

_____ I **do not** authorize any person(s) to act as my agent in my absence regarding medical care of my pet.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization or surgical treatment.

Signature of Owner: _____ **Date:** _____

Method of payment: Cash Check MasterCard VISA Discover