

REGISTRATION



Date _____

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Cellular _____ **Please designate primary number you would like us to use.*

E-mail Address _____ Would you like to receive reminders by E-mail? Yes No

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

At what time and at what phone number is it best to call about your pet? _____

In case of **EMERGENCY**, please call _____ at telephone number _____.

Pet's Name (1) _____

Dog Cat Other _____

Approx. Date of Birth _____

Sex: Male Neutered Female Spayed

Breed _____

Color _____

Pet's Name (2) _____

Dog Cat Other _____

Approx. Date of Birth _____

Sex: Male Neutered Female Spayed

Breed _____

Color _____

Reason for Visit _____

Previous veterinarian(s) where past records can be obtained if necessary _____

Has your pet(s) been treated for any illness in the past year? Yes No

Specify problem(s), medication(s) and dosage if known _____

How did you first hear of us? Yellow Pages Drive-By Facebook Internet

Other _____ Referral: Whom may we thank? _____

List the names and types of any other animals you own _____

I assume responsibility for all charges incurred in the care of this animal(s). I also understand that **all charges will be paid at the time of service** and prior to patient(s) release. A deposit may be required for surgical and/or emergency treatment. Battleground Hospital for Animals, LLC accepts cash, check, credit card, debit card and CareCredit. (CareCredit offers flexible, interest-free payment options exclusively for healthcare services.) I understand that a 1.5% per month service charge will be applied to all unpaid balances. I understand that any balance that goes unpaid for 90-days will be turned over to a third party collection service and that I will be responsible for all fees accrued by the third party collection service.

Who will be responsible for authorizing procedures and/or paying for services? _____

Signature _____

Date _____