

East Goshen Veterinary Hospital, P.C. Registration

Date _____ Email Address _____

Owner's Name _____ Spouse or Co-Owner Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work _____ Cell _____

Employer's Name & Address _____

Spouse/Co-Owner's Employer's Address _____

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

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

Pet's Name _____ Date of Birth _____

Dog Cat Other Sex: Male Neutered Unneutered

Female Spayed Unspayed

Breed _____ Color _____

Reason for visit _____

Date of last vaccination _____ Last Rabies vaccination _____

Previous veterinarian where past records could be obtained _____

Has your pet been treated for any illness in the past year? YES NO

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

How did you hear of us? Yellow Pages Website Other _____

Individual we may thank for referral _____

List names and type of any other animals that you own _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). 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 a deposit may be required for surgical treatment. Cancellations less than 24 hours prior to the appointment are subject to a cancellation fee.

Signature of Owner/Agent _____ Date _____