

Tender Care Animal Hospital  
Client Registration

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License# \_\_\_\_\_  
Telephone Numbers (please include area codes)  
Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
Spouse Primary \_\_\_\_\_ Spouse Secondary \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Spouse's occupation \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
Email: \_\_\_\_\_  
Permission to use photos of your pet(s) for Social Media and/or Marketing Tools  
YES ( ) NO ( )  
How did you hear about our Hospital?  
( ) yellow pages ( ) drove by ( ) internet ( ) other ( ) Referred by:  
\_\_\_\_\_

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Tender Care Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further, I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

I, the undersigned owner or agent of the pet(s) certify that I am eighteen (18) years of age or over. I understand that payment is due at the time services are rendered. A finance charge of the maximum legal rate applied by law per month will be added to past due accounts.

Signature:

X \_\_\_\_\_

(OVER PLEASE)

**Pet 1**

Dog  Cat

Pet's name \_\_\_\_\_ Breed \_\_\_\_\_

Birth date \_\_\_\_\_ Color \_\_\_\_\_

male  neutered  female  spayed

Prior

Illness \_\_\_\_\_

Current medications

\_\_\_\_\_

\_\_\_\_\_

**Pet 2**

Dog  Cat

Pet's name \_\_\_\_\_ Breed \_\_\_\_\_

Birth date \_\_\_\_\_ Color \_\_\_\_\_

male  neutered  female  spayed

Prior

Illness \_\_\_\_\_

Current medications

\_\_\_\_\_

\_\_\_\_\_

**Pet 3**

Dog  Cat

Pet's name \_\_\_\_\_ Breed \_\_\_\_\_

Birth date \_\_\_\_\_ Color \_\_\_\_\_

male  neutered  female  spayed

Prior

Illness \_\_\_\_\_

Current medications

\_\_\_\_\_

\_\_\_\_\_