

Evergreen Animal Hospital Registration

DATE _____ *E-MAIL ADDRESS _____

OWNER'S NAME _____ SPOUSE/OTHER _____

**WHO IS THE PRIMARY CAREGIVER FOR THIS PET? _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE# _____ WORK TELEPHONE# _____

CELL PHONE (1) _____ CELL PHONE (2) _____

EMPLOYER'S NAME & ADDRESS _____

SPOUSE/OTHER'S EMPLOYER & ADDRESS _____

AT WHAT TIME _____ AND AT WHAT PHONE # _____ IS IT BEST TO CALL ABOUT YOUR PET?

IN CASE OF EMERGENCY, PLEASE CALL _____ AT TELEPHONE # _____

PET'S NAME _____ APPROXIMATE DATE OF BIRTH _____

DOG CAT OTHER SEX: MALE NEUTERED UNNEUTERED

BREED _____ FEMALE SPAY UNSPAYED

COLOR _____

REASON FOR VISIT _____

PREVIOUS VET WHERE PAST RECORDS CAN BE OBTAINED _____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR? _____

SPECIFY PROBLEM(S), MEDICATION & DOSAGE, IF KNOWN _____

HOW DID YOU FIRST HEAR OF US?: CLIENT, OTHER VET, TELEPHONE DIRECTORY, WEB SITE,
LOCATION, OTHER _____

INDIVIDUAL WE MAY THANK? _____

LIST THE NAMES AND TYPES OF ANY OTHER ANIMALS THAT YOU OWN: _____

DRIVER'S LICENSE # _____

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 THAT A DEPOSIT. MAY BE REQUIRED FOR SURGICAL TREATMENT.

OWNER OR RESPONSIBLE PARTY _____