



## Country Court Animal Hospital Registration Form

### Owner information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Emergency Contact

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Pet Information

Species: Canine ☐ Feline ☐ Other: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Sex: Male ☐ Female ☐  
Color: \_\_\_\_\_ Spay/Neutered ☐ Unneutered/Not Spayed ☐  
Reason for visit: \_\_\_\_\_

Previous veterinarian where past records may be obtained: \_\_\_\_\_

Has your pet had any adverse reactions to medications, vaccines, foods, etc? If yes, please specify: \_\_\_\_\_

### How did you hear about our facility?

Friend/Family ☐ If yes, the individual's name we may thank: \_\_\_\_\_  
Internet ☐ Other: \_\_\_\_\_

### Payment Information

Please do not hesitate to request an estimate for your pet's care if one is not offered. We make every effort to have a completed and accurate invoice ready when your pet goes home. On occasion, however, there may be additional charges that do not appear on that initial invoice. You will be contacted about any additional charges.

I assume responsibility for all charges incurred in the care of this pet. I also understand that the payment for my pet's care is due when he/she goes home. A deposit may be required prior to any treatment and/or hospitalization.

Owner, agent, or responsible party signature X \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate your anticipated method of payment (*circle*): Check Cash Credit Card Debit Card Care Credit

For checks please give Driver's license number: \_\_\_\_\_

**Thank you for your confidence in us to provide for your pet's care! ☺**