

Chart no# _____

Date: _____



WELCOME!



Thank you for giving Palm Plaza Pet Hospital the opportunity to care for your pet! To ensure the best care possible, please take the time to fill this form out completely!

REGISTRATION

Owner(s) Name: (please print) _____

Date of Birth- (OWNER): _____

Address: _____ Zip Code _____

E-mail _____

Primary phone no# _____ Secondary# _____ Alternate. # _____

Spouse/Co-Owner _____ phone# _____

Emergency Contact name and tele. # _____

How did you hear about us? Yellow Pages Website Family/Friend Facebook Other

Eligible for any of our discount programs? Senior Military Rescue Law Enforcement Fire

If recommended, by whom? _____

PET MEDICAL HISTORY

1st Pet Name: _____ Breed _____ Age: _____

Dog Cat Other _____ Color _____ Male Neutered Female Spayed

Date and description of last Vaccine: _____

NOTES:

Vaccine Allergies No Yes , if yes, when? _____

Any known allergies to medication or food? _____

Social Media Photo Authorization:

Pet(s) current medications and general health _____

yes no

2nd Pet Name: _____ Breed _____ Age: _____

Dog Cat Other _____ Color _____ Male Neutered Female Spayed

Date and description of last Vaccine: _____

NOTES:

Vaccine Allergies No Yes , if yes, when? _____

Any known allergies to medication or food? _____

Social Media Photo Authorization:

Pet(s) current medications and general health _____

yes no

AUTHORIZATION

I hereby authorize the veterinarian and staff to examine, prescribe for and/or treat my animals. I assume responsibility for all charges incurred in the care of my animals and I also understand that these charges MUST be paid at time of

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services and that a 50% or greater deposit of the estimated total is required prior to leaving your pet in the hospital. We do accept cash, ATM, Visa, MasterCard, Discover and Care Credit. Sorry, we do not offer billing.

Signature of Owner: _____ Date: _____