

**HEBRON ANIMAL HOSPITAL
CLIENT REGISTRATION**

Thank you for choosing Hebron Animal Hospital. Please complete this form in order for us to accurately enter your information into our electronic filing system.

Owner's Name: _____

Co-Owner: _____

Home Address: _____

How would you like our office to contact you for (i.e. results from tests, reminders about appointments, surgeries):
(The requested information is needed. Please mark which would be the best contact.)

EMAIL ADDRESS: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you learn about our practice? (If friend or family, provide full name) _____

Please show your I.D. if you are age 65 or older to qualify for our senior discount. _____
Date of Birth

PET INFORMATION

Pet's Name: _____ Dog _____ Cat _____ Other _____

Age/Birth Date: _____ Sex: ___ M ___ F Breed: _____ Color: _____

Neutered / Spayed: No ___ Yes ___ At What Age? _____

Diet / Brand of Food _____

Pet's History - Please list previous vet: _____

Prior surgery: _____

Reason for Pet's visit: _____

I grant Hebron Animal Hospital permission to post my pet's picture or story on social media. (i.e. facebook or twitter)
___ Yes ___ No

All professional fees are due at the time services are rendered. We accept cash, checks, all major credit cards and Care Credit. We will gladly prepare a written estimate of service fees prior to your appointment if you desire (please ask your doctor or receptionist).

Client Agreement & Signature: _____ Date: _____