Shatto Veterinary Center

Client/ Patient Registration Form

Thank you for giving us the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to complete this information sheet.

Chart #_____

Owner's Date of Birth: _____/_____/_____

(We cannot legally provide services to minors; an adult must be present and financially responsible)

Name: _____

Address: _____Apt _____

City: _____Postal Code: _____State:_____

Phone: _____ **Alternate Phone:** _____

Email: _____

We send various reminders via phone call/text/email. If you do not wish to receive any reminders, check here. [   ]

Referred by: _____

Address: _____

In Case of EMERGENCY Call _____**Phone:** _____

Person(s) authorized to bring pets in for services in your absence

Other Contact Name: _____**Relationship:** _____

Phone: _____

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations

Pet Name	Species	Breed	Color	Age or DOB	Male or Female?	Spayed or Neutered?
					M/ F	Y/ N
					M/ F	Y/ N
					M/ F	Y/ N

Does your pet have any known allergies? Yes / No _____

Reason(s) for visit: _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed here and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of $40.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of as you deem best and/or necessary.

Signature_____ **Date** _____