



ADOBE ANIMAL HOSPITAL

PATIENT REGISTRATION FORM

Owner Name: _____
Last First

Home Address: _____
Street City Zip

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

Email Address: _____ Send reminders via email? Yes No

How did you hear about Adobe?

- | | |
|---|---|
| <input type="checkbox"/> Referred by another client * | <input type="checkbox"/> Found on an Internet directory/website |
| <input type="checkbox"/> Referred by breeder or humane society | <input type="checkbox"/> Saw ad in paper |
| <input type="checkbox"/> Referred by another veterinarian | <input type="checkbox"/> Saw building/sign on road |
| <input type="checkbox"/> Referred by kennel, pet sitter, or groomer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Found in Yellow Pages | |

* Please let us know what client referred you so we can thank them: _____

Are you over age 62? (Qualifies you for senior citizen discount): Yes No

The following information is required if you ever want to pay by check or do not pay your bill in full at time of service:

Owner's Date of Birth: _____ Social Security Number: _____

Driver's License No.: _____ State Issued: _____

Please fill out the following information for the pets you wish to register with us today:

	Pet #1	Pet #2	Pet #3
Name:			
Breed:			
Color:			
Sex:	Male Female Unknown	Male Female Unknown	Male Female Unknown
Spayed/Neutered?	Yes No	Yes No	Yes No
Birth date or approximate age:			
Date last Distemper Vaccine given:			
Date last Rabies Vaccine given:			

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY. This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered at the time of service, including reasonable attorney's fees and costs of collection in the even of default. I further understand that if payment becomes 30 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

Signature _____ Date _____