



Adobe Animal Hospital Patient Registration Form

Appt time _____ Dr. _____ Appt Tech SQ _____ Account # _____

CLIENT INFORMATION

Owner Name _____
Last First

Alt. Contact _____
Last First

Home Address _____
Street

City State Zip

Primary Phone _____ Atl. Phone _____

Cell Phone _____ Email _____

Driver's License _____ Expiration date _____ Senior Citizen (68+)? Yes No

PATIENT INFORMATION

Pet's Name _____ Male Female Spayed/ Neutered? Yes No

Dog Cat Other _____ Color _____

Breed _____ Age/ DOB _____ Microchip# _____

Pet's Name _____ Male Female Spayed/ Neutered? Yes No

Dog Cat Other _____ Color _____

Breed _____ Age/ DOB _____ Microchip# _____

AUTHORIZATION

RELEASE OF MEDICAL RECORDS: By initialing below, you authorize Adobe Animal Hospital to release your pet's medical records (including doctor's notes and lab results) when requested from pet insurance companies.

Do you authorize Adobe Animal Hospital to release your pet's medical records for insurance purposes? Yes No _____
Owner's Initials

YOUR PET'S PREVIOUS RECORDS: Upon your request, we will electronically add records from previous hospitals to your pet's medical file at Adobe. Please give your records to a Customer Service Representative at the front desk, where they will be scanned and then returned to you.

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. I'm also responsible for reasonable attorney's fees and costs of collection in the event 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.

NOTE: Adobe South Bay is not a 24 hour location, so there may be times that animals are left on the premises unattended.

Signature _____ Date _____

ADDITIONAL PATIENTS

Pet's Name _____ Male Female Spayed/ Neutered? Yes No
Dog Cat Other _____ Color _____
Breed _____ Age/ DOB _____ Microchip# _____

Pet's Name _____ Male Female Spayed/ Neutered? Yes No
Dog Cat Other _____ Color _____
Breed _____ Age/ DOB _____ Microchip# _____

ADDITIONAL CONTACT INFORMATION

Additional contact _____
Last First
Phone # _____ Phone # _____ Phone # _____