



REGISTRATION

Date _____

Owner's name (over the age of 15) _____ Spouse/Other _____

Children (first names and ages)—OPTIONAL _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail address? _____ May be used for Special Discounts, events, reminders and newsletters—
never sold or shared.

Employer's Name and Address _____

Spouse/Other's Employer & Address _____

Alternate Emergency Contact Person _____ Phone _____

Pet's Name _____ Approx. Date of Birth or Age _____

Species: Dog _____ Cat _____ Other _____ Breed _____

Sex: Male _____ Female _____ Neutered/ Spayed? _____ Color _____

Reason for Visit _____

Previous Veterinarian from whom records can be obtained if necessary _____

Has your pet been treated for any illness in the past year? If so, what _____

Is your pet currently on ANY medication, supplements or prescription diet? Please list: _____

Do You Have Pet Insurance? Yes _____ No _____

It is our policy that the client pays for his pet's bill, in full, at the time of services. We will fill out your insurance paperwork so that you can submit it to your Insurance Company for direct reimbursement from them.

How Did You Hear Of Us? Yellow Pages _____ Drive By _____ Radio/TV _____ Other _____

Person we can Thank for the referral: _____

I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid in full at the time of discharge. I understand that Cimarron Animal Hospital does not maintain any open accounts for billing.

Owner/ Responsible Party (must be over 15) _____

** If you will be paying by check, please provide Driver's License Number _____