

SANDSTONE ANIMAL HOSPITAL REGISTRATION FORM

Owner's Name: _____

Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Spouse Phone Number: (____) _____

In Case of EMERGENCY, Please Call: (____) _____

Preferred phone (please circle): Home Cell Work

How did you hear about us? _____

Email address (print clearly): _____

Employer's Name & Address

SS #/SIN: _____ Driver's License#: _____

Pet Health History

Pet's Name: _____ Date of Birth: _____

Age: _____

Type of Animal: ☐ Dog ☐ Cat Breed: _____ Color: _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

How did you acquire pet?: _____ At what age? _____

Shares house with other pets? ☐ Yes ☐ No If Yes, how many and what kind _____

Vaccination History (Date and Type of Last Vaccinations):

If you have provided previous vaccination records skip this section.

Current Medications: _____

Past Medical Condition(s): _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I understand that these charges must be paid at the time of release and a deposit may be required for hospitalization or surgical treatment.

Signature of Owner/Agent: _____ Date: _____

Method of Payment: ☐ Cash ☐ Credit Card ☐ Check (must have SS/SIN and Driver's license information)

Photo Consent

Do you authorize Sandstone Animal Hospital to use pictures of your pet(s) for electronic medical records, hospital brochures, social media, or the hospital website? ☐ NO ☐ YES - If yes please complete the following:

I, _____, owner or authorized agent of the owner of listed pet(s), authorize Sandstone Animal Hospital to use pictures of my pet(s) for purposes of electronic medical records, hospital brochures, social media, or the hospital website. I understand that once my consent is given, it remains in full force and effect unless and until I provide a written revocation of the consent. Additionally, consent will also apply to all future pets added to this account unless and until I provide a written revocation of the consent.

SIGNATURE _____ DATE _____