

Date: _____

Office Use Only

Client ID: _____



Client Registration Form

Welcome to Hollywood Hill Animal Hospital. We are committed to providing compassionate, quality care for you and your pets. We invite you to ask questions and be actively involved in every aspect of your pets' healthcare. *Please take moment to complete the following information.*

Name: _____
Last First Spouse/Other

Address: _____
City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Pager/Cell: (____) _____ Spouse Work Phone: (____) _____

Email Address: _____

Patient Information

Pet's Name: _____ Pet's Name: _____

(Please Circle One): Feline / Canine

(Please Circle One): Feline / Canine

Breed: _____ Breed: _____

Sex: Female / Male Altered? Yes / No

Sex: Female / Male Altered? Yes / No

Birth Date or Age: _____ Birth Date or Age: _____

Color/Markings: _____ Color/Markings: _____

Referral Information

How did you come to hear about us? *(Please check one.)*

- Yellow Pages
- Drive by
- Internet
- Newspaper Ad
- Referral
- Other *(please be specific):*

Name of person/business that referred you: _____

Payment Information

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for **all** charges incurred in the care of the animal. Payment is due at the time services are rendered.

We accept Cash, Checks, Debit, Visa and MasterCard.

I have read and understand the above payment policy.

Signature

Date