



County Line Animal Hospital

New Client Registration Form

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill out this form completely.

Date: _____

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Cell Phone : _____

Emergency Contact Number: _____

Patient Health History

Name of Pet: _____ Canine Feline

Breed: _____ Color: _____

Date of Birth: _____

Male Intact Male Neutered Female Intact Female Spayed

**** Please provide copies of current vaccine history / current medications prescribed to front desk or list the name and number of hospital patient is currently associated with !**

Authorization

I hereby authorize County Line Animal Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of pet's release.

Signature of Pets Owner: _____ Date: _____