

OWINGS MILLS ANIMAL & BIRD HOSPITAL, INC
OWNER/PATIENT REGISTRATION

CLIENT INFORMATION

*****Please Fill out form COMPLETELY
PLEASE PRESENT DRIVERS LICENSE**

DATE ___/___/___ @ ___ am/pm
OWNER NAME (RESPONSIBLE PARTY) _____
ADDRESS (STREET) _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE (H) _____ **(W)** _____ **(CELL)** _____
(PAGER) _____ **E-MAIL** _____
OCCUPATION _____ **BEST TIME TO CALL** _____
EMPLOYER _____

CO-OWNER _____ **E-MAIL** _____
CO-OWNER PHONE (H) _____ **(W)** _____ **(CELL)** _____

PATIENT INFORMATION

PET NAME (1ST Pet) _____ (2ND Pet) _____ (3RD Pet) _____
BREED (1ST) _____ (2ND) _____ (3RD) _____

SEX (circle) **MALE FEMALE** **MALE FEMALE** **MALE FEMALE**
SPAY/NEUTERED (circle) **YES NO** **YES NO** **YES NO**

AGE-DOB (1ST) _____ (2ND) _____ (3RD) _____
COLOR (1ST) _____ (2ND) _____ (3RD) _____
Vaccines Current? (1ST) _____ (2ND) _____ (3RD) _____
Would you like us to send you Reminders? **YES NO**

PREVIOUS VET? _____ **LAST VISIT** _____ **PHONE** _____

Significant Medical History/Reason for Visit? _____

How did you hear about us? **FRIEND** (NAME) _____ **OTHER** _____
YELLOW PAGES? **WHICH BOOK?** **ONE BOOK** **OR** **VERIZON**
EMERGENCY CLINIC _____ **REFERRING VETERINARIAN** _____

METHOD OF PAYMENT (circle) **choice(s) must be selected**

CASH ****CHECK** ****CHARGE**—**CREDIT CARD TYPE** _____ **EXP.** _____
****DRIVERS LIC#STATE** _____ ****SS#** _____
****TWO FORMS OF ID REQUIRED**

RESPONSIBLE PARTY

I UNDERSTAND THAT I'M ASSUMING RESPONSIBILITY FOR ALL CHARGES INCURRED AND THAT PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. I ALSO AGREE TO PAY ALL COLLECTION FEES THAT ARE INCURRED FOR ANY PAST DUE BALANCES. THERE IS A \$35.00 FEE FOR ALL RETURNED CHECKS

OWNERS SIGNATURE (RESPONSIBLE PARTY) _____