



Promenade Animal Hospital

TATE POSEY DVM

KELLEY RAVER DVM

Dedicated to quality veterinary care.

PATIENT REGISTRATION AND MEDICAL HISTORY FORM

OWNER'S NAME MR. _____
MRS. _____
MS. _____
DR. _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE NUMBER HOME _____ WORK _____ EMERGENCY _____

EMPLOYER'S ADDRESS & NAME _____

DRIVER'S LICENSE _____ BIRTHDATE _____

EMAIL ADDRESS _____ NAME OF BANK _____

SPOUSE'S NAME _____ WORK # _____

WHO CAN WE THANK FOR YOUR REFERRAL? BellSouth Yellow Pages Yellow Book Ad Internet Walk By

Individual _____ Other _____

MEDICAL HISTORY

PATIENT'S NAME _____ BIRTHDAY _____

DOG _____ FERRET _____ BREED: _____

CAT _____ RABBIT _____ SPAYED/NEUTERED YES _____ NO _____

BIRD _____ REPTILE _____ MALE _____ FEMALE _____

OTHER _____ COLOR _____

DATE (MONTH/YEAR) OF LAST DISTEMPER _____ FELV VACCINATION (CATS ONLY) _____

RABIES VACCINATION _____ FECAL EXAM _____

PARVO VACCINATION _____ HEARTWORM EXAM (DOGS ONLY) _____

KENNEL COUGH VACCINATION _____ DENTAL EXAM _____

USUAL DIET _____ CANNED _____ DRY _____ SEMI-MOIST _____ OTHER _____

CURRENT MEDICATIONS (LIST) PLEASE LIST THE NAME AND STATE OF THE MOST RECENT VETERINARY HOSPITAL AT WHICH YOUR PET WAS EXAMINED

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. BILLING OR EXTENSION OF CREDIT MUST BE DISCUSSED WITH THE HOSPITAL ADMINISTRATOR PRIOR TO SERVICES. IF IT BECOMES NECESSARY TO COLLECT FEES FOR VETERINARY SERVICES RENDERED, THEN PROMENADE ANIMAL HOSPITAL SHALL BE ENTITLED TO INTEREST ON THE OUTSTANDING BALANCE DUE AT A RATE OF 18% AND ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

WELCOME TO OUR HOSPITAL. WE ACCEPT THE CHALLENGE AND RESPONSIBILITY OF YOUR PET'S NEEDS AND SINCERELY APPRECIATE YOUR TRUST AND CONFIDENCE.

X _____ DATE _____

SIGNATURE OF OWNER OR RESPONSIBLE AGENT