

FOUR CORNERS VETERINARY HOSPITAL

Thank you for giving Four Corners Veterinary Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

----- Registration Form -----

Client # _____ E-Mail Address _____

Name _____ Home Phone _____ Mobile _____
 Last First Middle

Address _____
 Street City Zip

Occupation _____ Work Phone _____

Employer _____
 Name Street City Zip

Social Security # _____ Driver's License # _____

Spouse's or Co-Owner's Name _____ Home Phone _____
 Last First Middle

Address _____
 Street City Zip

Occupation _____ Work Phone _____

Employer _____
 Name Street City Zip

Social Security # _____ Driver's License # _____

If necessary, may we call you at work? Yes No

Has your pet been to another veterinarian? Yes No If yes, where? _____

How did you become aware of our hospital? __Sign __Yellow Pages __Internet __Other
 __One of our Clients? Whom may we thank for the referral? _____

I hereby authorize Four Corners Veterinary Hospital to examine, prescribe for, treat, or perform surgery upon pet(s) registered to me. I also consent to the administration of such anesthetics as are necessary. I understand that there is some risk with general anesthesia and no guarantee is made as to the result or cure of procedures or operations. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. Four Corners Veterinary Hospital is authorized to humanely dispose of said animal(s) unless I, the owner, or an authorized agent of mine, calls for and pays all accrued charges on the animal(s) within three (3) days after written or oral notification that the animal is ready to be released from the hospital. I further understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

Professional fees are due at the time service is rendered.
 Please check your preferred method of payment:
 ___Cash ___Check ___Visa/Mastercard ___VPI (Veterinary Pet Insurance)

Signature of Owner or Authorized Agent _____ Date _____

PET (1) Pet's Name _____ Breed/Species _____ Color _____ Sex: M F Spayed/neutered? Yes/No Birth Date _____ Any drug allergies or significant things we should know about _____	PET (2) Pet's Name _____ Breed/Species _____ Color _____ Sex: M F Spayed/neutered? Yes/No Birth Date _____ Any drug allergies or significant things we should know about _____
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