

Fulton Animal Hospital
New Patient Registration

Owner

Last Name _____ First Name _____ Middle _____

Alternative Responsible Adult _____ Relation _____

Address _____ City _____ State _____ Zip _____

County _____ Occupation _____ E-Mail _____

Home Phone _____ Work Phone _____ Cell phone _____

SSN _____ Driver's License # _____

Name, address, & phone number of owner, if not you, or of parent if you are under 18 _____

Pet

Name _____ Birthdate _____ \ _____ \ _____ Age _____

Breed _____ Color \ Markings _____

Gender _____ Spayed or Altered ____ Yes \ No Micro Chip ____ Yes \ No

Vaccine History

Dogs

Distemper (DHLPP) _____ \ _____ \ _____

Rabies _____ \ _____ \ _____

Canine Flu _____ \ _____ \ _____

Lyme _____ \ _____ \ _____

Heartworm Test _____ \ _____ \ _____

Cats

Distemper (FCPC) _____ \ _____ \ _____

Rabies _____ \ _____ \ _____

Feline Leukemia (FELV) _____ \ _____ \ _____

Viral Screen (Leukemia/FIV Test) _____ \ _____ \ _____

Dogs and Cats: Fecal Test _____ \ _____ \ _____

➤ Where was your pet last vaccinated? _____

➤ Reason for bringing in pet today? _____

➤ Referred by? Phone Book ____ Sign ____ Internet ____ Friend(Please specify): _____

➤ Has your pet had any serious medical problems, allergies, or drug reactions in the past? When? _____

All clinic fees are to be paid in full when services are performed. This policy helps control costs, on which we base our fees. Please circle your method of payment. As of October 1, 2013 we are no longer accepting check payments.

Cash Visa MasterCard Discover

I am financially responsible for the patient described above, and agree to pay all fees incurred, including a \$25.00 collection fee if necessary. I understand that any medical or surgical procedure is attended by some risk and that it is not possible to guarantee the successful out come of any such procedure. This agreement is in force indefinitely from this date unless I notify the clinic in writing to the contrary.

Your signature _____ Date _____

IN CASE OF EMERGENCY I CAN BE REACHED AT _____
OR CONTACT _____ AT THE # _____

Please print and return to the FAH.