



Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely. Thank you.

REGISTRATION								
Date								
Owner		Spouse/Other						
Address			City	Zip				
		Cell Phone						
Work Phone		Best number to reach you?	Email Address					
Employer)river's License #	Exp. Date				
How d	id you <u>first</u> lea	rn of New Hartford Animal F						
☐ Animal Planet ☐ Personal Referral (wh☐ WKTV ☐ Location		om may we thank?)						
☐ NHAH Website [☐ Web Search [☐ Humane Society ☐ Veterinarians.com	_	S				
Would y	you like more infor you like to receive	mation on Care Credit (no cost, mation on our Rewards Prograr our newsletters?	n to earn 5% toward futu lo	ure purchases Yes No				
Would y	you like more infor you like to receive	mation on our Rewards Prograr our newsletters?	n to earn 5% toward futu lo	ure purchases Yes No				
Would y	you like more infor you like to receive have pet health in	mation on our Rewards Prograr our newsletters?	n to earn 5% toward futulo lo If you do, please provi	ure purchases				
Would y Would y Do you	you like more infor you like to receive have pet health in Name of pet Breed	rmation on our Rewards Prograr our newsletters?	n to earn 5% toward futulo If you do, please provi TH HISTORY Dog Cat	ure purchases				
Would y Would y Do you	you like more infor you like to receive have pet health in Name of pet Breed	rmation on our Rewards Program our newsletters?	n to earn 5% toward futulo If you do, please provi TH HISTORY Dog Cat	ure purchases Yes No ide us with a blank claim form Other				
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Would y Would y Do you	you like more infor you like to receive have pet health in Name of pet	rmation on our Rewards Program our newsletters? Yes No surance? Yes No PET HEAL Color tered? (circle one) YES NO cered? (circle one) YES NO	n to earn 5% toward futulo If you do, please provi TH HISTORY Dog Cat Birth date Dog Cat Birth date	ure purchases Yes No ide us with a blank claim form OtherSex (circle one) M F				

PLEASE COMPLETE REVERSE SIDE

AUTHORIZATION

Your pet's medical information is protected by law. We are legally obligated to not release any information to any individual including family members, groomers, boarding facilities, etc. without your permission.

Please INITIAL one of the follo	wing:					
I authorize New Hartford medical records.	Animal Hospital	to release all	information re	egarding	ı my pet's	
Please DO NOT release a	any information a	bout my pet'	s medical reco	ords.		
Authorized Agents in Owner(s) Absence:					
Please list below any person(s) of decisions regarding the care of y and authorize emergency medic reasonable attempts. Please be provided.	our pet. These pal treatment in the	eople will be e event that y	authorized to you cannot be	bring you contact	our pet in care ed after	
Authorized Agent Name	Telephone	Number	Rela	tionship	to Owner	
I do not authorize any per of my petPhoto Release: I authoriobtained of my pet and I for mark	ze New Hartford	, 0	·	Ü		
I certify that I am the owner of the age of 18. I hereby authorize necessary treatments or services charges incurred in the care of the of release and that a deposit ma	the New Hartfords on the above-denis animal. I under	d Animal Hosescribed pet. erstand that t	spital & Care (I assume res these charges	Center to sponsibil s will be	o perform any lity for all paid at the time	
Signature of Owner:			Date:			
Accepted Methods of Payment: Care Credit	CASH	CHECK	MasterCard	Visa	Discover	