



Welcome

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 _____

Home Phone _____ Cell Phone _____ Can we contact you by text? Yes No

Work Phone _____ Best number to reach you? _____ Email Address _____

Employer _____ Driver's License # _____ Exp. Date _____

How did you **first** learn of New Hartford Animal Hospital?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Animal Planet | <input type="checkbox"/> Personal Referral (whom may we thank?) _____ | |
| <input type="checkbox"/> WKTV | <input type="checkbox"/> Location | |
| <input type="checkbox"/> NHAH Website | <input type="checkbox"/> Humane Society | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Web Search | <input type="checkbox"/> Veterinarians.com | <input type="checkbox"/> Other _____ |

Would you like more information on our boarding or grooming services? Yes No

Would you like more information on **Care Credit** (no cost, no finance charge payment option) Yes No

Would you like more information on our **Rewards Program** to earn 5% toward future purchases Yes No

Would you like to receive our newsletters? Yes No

Do you have pet health insurance? Yes No **If you do, please provide us with a blank claim form**

PET HEALTH HISTORY

PET 1	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birth date _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO
PET 2	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birth date _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO
PET 3	Name of pet _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Birth date _____ Sex (circle one) M F Spayed / Neutered? (circle one) YES NO

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 following:

_____ I authorize New Hartford Animal Hospital to release all information regarding my pet's medical records.

_____ Please DO NOT release any information about my pet's medical records.

Authorized Agents in Owner(s) Absence:

Please list below any person(s) other than yourself or spouse/other that you authorize to make decisions regarding the care of your pet. These people will be authorized to bring your pet in care and authorize emergency medical treatment in the event that you cannot be contacted after reasonable attempts. Please be aware that you are still financially responsible for all care provided.

Authorized Agent Name	Telephone Number	Relationship to Owner

_____ I **do not** authorize any person(s) to act as my agent in my absence regarding medical care of my pet.

_____ Photo Release: I authorize New Hartford Animal Hospital to use any photos/videos obtained of my pet and I for marketing purposes.

I certify that I am the owner of this patient or the authorized agent of the owner, and that I am over the age of 18. I hereby authorize the New Hartford Animal Hospital & Care Center to perform any necessary treatments or services on the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization or surgical treatment.

Signature of Owner: _____ **Date:** _____

Accepted Methods of Payment: CASH CHECK MasterCard Visa Discover
Care Credit