

**Glenolden Animal Hospital
Owner and Patient Registration Form**

Name: _____
Last First Middle

Spouse/Co-Owner: _____
Last First Middle

Address: _____
Street Apt. #

_____ City State Zip Code

E-mail Address: _____

Home #: (_____) _____ Cell #: (_____) _____

Work #: (_____) _____ Extra #: (_____) _____

Driver's License #: _____ Social Security #: _____ - _____ - _____
Exp. ____/____/____

1) Pet's Name: _____

Birthdate/Approx. Age: _____

Species(Circle One): Dog Cat Reptile Other(please specify) _____

Breed: _____ Color: _____

Please Circle One: Male Neutered Male
Female Spayed Female

2) Pet's Name: _____

Birthdate/Approx. Age: _____

Species(Circle One): Dog Cat Reptile Other(please specify) _____

Breed: _____ Color: _____

Please Circle One: Male Neutered Male
Female Spayed Female

HOW DID YOU HEAR ABOUT OUR OFFICE? (Please Circle One)

Sign Yellow Pages Internet Existing Client – Please Name: _____

I hereby authorize GLENOLDEN ANIMAL HOSPITAL to examine, treat, medicate (including administering anesthetics or sedatives) or perform diagnostic or surgical procedures as deemed necessary for my pet(s). I understand that an estimate for services will be given upon my request and only written estimates will be honored. If and when my pet is hospitalized, a deposit of 50% of the estimate is required on admittance and as I assume full financial responsibility for all charges incurred by my pet **I AGREE TO PAY FEES FOR SERVICES RENDERED AT THE TIME THE PET IS DISCHARGED FROM THE HOSPITAL OR WHEN SERVICE IS OTHERWISE PERFORMED. All unpaid balances will be subject to a 1.5% finance charge.** Due to the nature of medicine, I realize that results cannot be guaranteed. Glenolden Animal Hospital will make every attempt to contact me in the event that charges exceed the estimate or additional procedures, treatments or diagnostics are recommended. In the event of an emergency or if I cannot be contacted, then I authorize Glenolden Animal Hospital to use professional veterinary judgment in the care/treatment of my pet and I again agree to pay all accrued charges.

I hereby give Glenolden Animal Hospital permission to photograph my pets for use on the hospital's website and/or Social Media such as Facebook, Instagram, Twitter, ect.

Signature of Owner or Responsible Agent

Date