

WELCOME!

Thank you for giving St Georges Veterinary Hospital the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely, and please **PRINT**. Thank you.

REGISTRATION

Owner _____ Spouse's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ ext. _____

Social Security # _____ - _____ - _____ Driver's License # _____ - _____ - _____
(Both required for owner identification purposes)

Where did you learn of our hospital? Have Pets Here Other _____

Current Place of Employment _____

Want to receive E-mail reminders for your pet? Email address: _____

PET HEALTH HISTORY

Pet's Name _____ Date of Birth _____

Breed _____ Color _____

Sex _____ Altered Spayed Where was pet obtained _____

Reason for visit _____ Known allergies _____

Vaccine History (Please fill in the most recent date each vaccine was **GIVEN**)

DOGS – Rabies Vaccine _____ Distemper Vaccine _____

Heartworm Test _____ Bordetella Vaccine _____

CATS - Rabies Vaccine _____ FVRCP Vaccine _____

Feline AIDS/Feline Leukemia Test Performed? No Yes Result _____

AUTHORIZATION

I hereby authorize the veterinarians and staff of St. Georges Veterinary Hospital to examine, prescribe for, and/or treat the above described pet. I assume responsibility for any and all charges incurred in the care of this animal. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF SERVICES RENDERED, OR RELEASE, AND THAT A DEPOSIT IS REQUIRED FOR SURGICAL TREATMENT OR HOSPITALIZATION. A billing fee and finance charge will be applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is the annual percentage rate of 18.00%, with a minimum charge of \$1.00.

Signature of Owner _____ Date _____