

FAMILY PET MEDICAL CENTER | A DIVISION OF PET ROYALE

NEW PATIENT PROFILE AND REGISTRATION FORM

Thank you for giving Family Pet Medical Center the opportunity to care for your pet. To ensure the best care possible, please complete this form and email to Info@familypetmedicalcenter.com. Please let us know if you have any questions.

OWNER INFORMATION

Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email(s): _____

Emergency Contact: _____ Phone: _____

Drivers License #: _____ Place of Employment: _____

PET INFORMATION

Pet Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Gender: Female Male | Neutered: Yes No | Where was pet obtained: _____

Vaccine History: _____

Health History: _____

Known Allergies: _____

Current Medication: _____

Reason for today's visit: _____

Where did you hear about our animal hospital?

- Have other pets here Saw building/sign Google Facebook Instagram/Twitter
 Coupon Booklet Valpak Patch Website Postcard in the mail
 Recommended by: _____ Transferred from: _____

AUTHORIZATION

I hereby authorize the veterinarians and staff of Family Pet Medical Center 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 unless prior arrangements are made.

Signature of Owner: _____ Date: _____

May we use images of your pet(s) on our Social Media (Hospital website, Facebook etc.)? Yes No

Accepted Forms of Payment for today's visit include     