



REGISTRATION

MR MRS MS

Owner's Name (Last) _____ (First) _____ Spouse _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Occupation _____

Employer _____

Method of Payment: CASH CREDIT CARD CHECK*
*IF PAYMENT IS BY CHECK, WE MAY VERIFY FUNDS

Driver's License Number _____ Exp Date _____

Email _____

	PET #1	PET #2	PET #3	PET #4
NAME				
BREED				
BIRTHDATE				
SPECIES				
SEX (CIRCLE)	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE
COLOR				
FIXED (CIRCLE)	YES / NO	YES / NO	YES / NO	YES / NO
VACCINES DUE				
MICROCHIPPED	YES / NO	YES / NO	YES / NO	YES / NO

I hereby authorize **Handsboro Animal Hospital** to render surgical and medical care for my pet(s). I understand that payment is required in full for all services rendered at time of service provided. I understand that the Rabies Vaccination is required by law and if I can not provide proof of vaccination being up to date then **Handsboro Animal Hospital** will administer vaccination at my financial responsibility.

Signature _____ Date _____