



Handsboro Animal Hospital

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	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COLOR				
NEUTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VACCINES DUE				

*I hereby authorize the **Handsboro Animal Hospital** to render surgical and medical care for my pet(s). I understand that payment is required in full before surgery, hospitalization, or treatment can be initiated.*

Signature _____ Date _____