



# NEW MARKET ANIMAL HOSPITAL

10609 OLD NATIONAL PIKE  
NEW MARKET, MD 21774  
301-865-3232



## CLIENT REGISTRATION

NAME OF OWNER: \_\_\_\_\_ SSN/DL# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT YOU? HOME ( ) WORK ( ) CELL ( ) EMAIL ( )

OTHER RESPONSIBLE ADULT:

SPOUSE ( ) PARTNER ( ) CO-OWNER ( ) NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? INTERNET ( ) PHONE BOOK ( ) DRIVE BY ( ) REFERRAL ( )

IF REFERRED BY SOMEONE, BY WHOM? \_\_\_\_\_

## PET HEALTH HISTORY

NAME OF PET: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ GENDER: MALE ( ) NEUTERED ( ) FEMALE ( ) SPAYED ( )

VACCINE HISTORY/PREVIOUS VET: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE OF LAST RABIES VACCINE: \_\_\_\_\_ DATE OF LAST DISTEMPER VACCINE: \_\_\_\_\_

MEDICAL ILLNESSES OR MAJOR SURGERIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

## AUTHORIZATION

**I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT MY PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET. I ALSO UNDERSTAND THAT PAYMENT IS DUE AT THE TIME OF SERVICE.**

**SIGNATURE OF OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_