



Where pets are family.

Hospital Use Only	Acct#:
	Initials:
	Code:

Registration Form

Please print.

Owner Information

Last name:		First:		M.I.
Spouse/Partner's Last name:		First:		M.I.
Street address:	Unit #:	City:	State:	ZIP code:
Mailing address (if different):		City:	State:	ZIP code:
Primary phone #:		Secondary phone #:		Spouse/Partner's phone#:
Email address:		Driver's license #:	Work phone #:	
Employer:	Employer address:		State:	ZIP code:
In case of emergency contact name:			Emergency phone #:	

Referred to us by:

Family/Friend: _____ Close to home/work Internet Other: _____

Patient Information

	Pet #1	Pet #2	Pet #3	Pet #4
Pet's name:				
Date of birth:				
Species: <i>(Cat, Dog, etc.)</i>				
Breed:				
Color/Markings:				
Sex: <i>(Male, Female)</i>	Circle one: Male Female	Male Female	Male Female	Male Female
Spayed/Neutered:	Circle one: Yes No	Yes No	Yes No	Yes No
Microchipped:	Circle one: Yes No	Yes No	Yes No	Yes No

Financial Policy PLEASE READ BEFORE SIGNING.

PAYMENT IS DUE AT TIME SERVICES ARE RENDERED. We accept cash, checks, VISA, MasterCard, Discover, American Express, and Care Credit. There will be a \$25 fee for any check returned unpaid. A service fee of \$5.00 and 1.5% of the outstanding balance will be charged to your account monthly if not paid in full. Accounts that fail to pay according to terms may be sent to a collection agency for recovery. If the account is sent to collections, a fee of \$50.00 will be applied to the account for processing.

Authorization

I, the undersigned owner or owner's agent, of the identified animals, certify that I am over eighteen (18) years of age, acknowledge and confirm the information here is accurate and correct to the best of my understanding. I also, thereby consent to the examination for my pet(s) by the veterinarians and staff of Milner Veterinary Hospital, and after consultation with me, to prescribe for, treat, hospitalize, anesthetize and/or perform surgery on my pet.

Signature of person responsible for pet(s): _____ Date: _____

To better serve our patients, we request that all appointments be scheduled. Emergencies, of course, will be given priority over all other cases.