

PELIKA ANIMAL HOSPITAL

REGISTRATION

Is this your first visit to Opelika Animal hospital? _____

Thank you for giving us an opportunity to care for your pet. So that we may become better acquainted. Please complete the following:

MR. Owner(s) _____
MRS. (last) (initial) (first)

DR. Spouse's _____
MS. (last) (initial) (first)

Address _____
 Street/Apt. No. City St. Zip

Mailing address if different from above _____

Home Phone _____ Cell Phone _____ Email Address _____
 (area code)

Emergency Contact _____ Phone _____

Employer _____ Phone _____

Spouse's Employer _____ Phone _____

Student? _____ School _____ Major _____ Permanent Address _____

How did you learn of our hospital? Yellow Pages Hospital Sign Recommendation by _____

PET INFORMATION

	PET 1	PET 2	PET 3
NAME			
BREED			
COLOR			
AGE			
SEX: Spayed(F) Neutered(M)			
DATES VACCINATED OR TESTED FOR ITEMS LISTED BELOW			
DHLP - Corona (Dog)			
PARVOVIRUS (Dog)			
HEARTWORM TEST (Dog)			
CURRENT HEARTWORM PREVENTION			
RABIES			
FDFVRC (Cat)			
FELEUK VACCINE (Cat)			
FELEUK TEST (Cat)			
BORDETELLA KENNEL COUGH			

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pets. I assume responsibility for charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and a deposit may be required for surgical treatment

Signature of Owner _____ **Date** _____

All Fees Are Due At the Time Services Are Rendered Please indicate choice of payment. Cash Check Visa MasterCard other _____