

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)			
<b>DATES VACCINATED OR TESTED FOR ITEMS LISTED BELOW</b>			
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 \_\_\_\_\_