

*Welcome!*

TANQUE VERDE PET HOSPITAL  
Brett Hirsch D.V.M.



Client and

Patient

## Registration Form

### Client Information (PLEASE PRINT AND BE COMPLETE)

Please Check One:  New Client  Current Client - New Pet

Name: \_\_\_\_\_  
(First) (Middle initial) (Last)

Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Co-Owner's Name: \_\_\_\_\_ Contact Number/s: \_\_\_\_\_

E-Mail address (1) \_\_\_\_\_ E-Mail address (2) \_\_\_\_\_

Would you like to receive reminders by email? Yes  No  (We are currently taking steps to initiate e-mail reminders)

How did you learn of our hospital? \_\_\_\_\_

**Pet's Name** \_\_\_\_\_  Cat  Dog Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Spayed? / Neutered? \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_ Date and type of last vaccination/s \_\_\_\_\_

Where were vaccinations obtained? \_\_\_\_\_

Significant medical history or recurrent problems (including surgeries)? \_\_\_\_\_

Current medications and/or supplements including dose (if any) \_\_\_\_\_

Any adverse reactions to vaccines or medications? Please explain briefly. Include names of medications and vaccines.

May we contact your previous veterinary office for past medical records? Yes  No

Hospital name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby authorize the veterinarians of Tanque Verde Pet Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_