

## LOG CABIN ANIMAL HOSPITAL NEW CLIENT REGISTRATION

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Owner's Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Spouse's/Other's Employer & Address \_\_\_\_\_

### E-mail Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Sex:  Male  Neutered  Unneutered

Breed \_\_\_\_\_  Female  Spayed  Unspayed

Color \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Previous veterinarian(s) where past records could be obtained if necessary \_\_\_\_\_

How did you hear about Log Cabin Animal Hospital? \_\_\_\_\_ Were you referred by someone, If so who? \_\_\_\_\_

How are you planning to pay today?    Visa    M/C    Discover    Personal Check    Cash    Care Credit

**I assume responsibility for all charges incurred in the care of any animal on this account. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.**

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

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