Please print this form, fill it out, and bring it to the hospital on the day of your appointment.

Randolph Animal Hospital
Client / Patient Registration Form

Client Information: ***checkfor microchip { }***

Owner's Name: _____

Spouse or Other: _____

Address: _____

Town & Zip: _____

Home Phone: ( )_____ Work Phone: ( )_____

Other Phone ( )_____ SSN: _____

Employers Name: _____

Employers Phone: ( )_____

Animal(s) Information: *Pet 1* *Pet 2*

Name: _____

Species(K9.Feline): _____

Breed: _____

Sex: _____

Neutered/Spayed:_____

Color:_____

Date of Birth (estimate okay):_____

Previous Veterinarian: _____

How did you hear about us?

( ) Yellow Book ( ) Local Tel ( ) Golden Directory ( ) Verizon Super Pages

( ) Friend/Relative Referral Who: _____

( ) Drive-by ( ) Internet ( ) Others (please specify) _____

Effective 2/24/93, Massachusetts state law, says in order for a patient to be accepted at an animal hospital or boarding facility, the owner or keeper of such animal must show proof of current vaccination against Rabies. If the animal has not been vaccinated or the owner or keeper cannot show proof, the animal will be vaccinated (at the owner's expense) against Rabies prior to being discharged.

_____/_____/_____

Signature of owner *Date*

We will gladly provide a written estimate upon request. Kindly ask the receptionist or doctor.

Payment is due at the time services are rendered. We do not do billing.

We gladly accept Cash, Check, MasterCard, Visa, Debit, Discover or CareCredit.