

# **Randolph Animal Hospital**

## **Client / Patient Registration Form**

**Office use only: Welcome Card**  **Referral Card**

**Client Information:**

**checkfor microchip { }**

Owner's Name: \_\_\_\_\_  
Spouse or Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town & Zip: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_                      Work (whose) : (    ) \_\_\_\_\_  
Cell (whose) : (    ) \_\_\_\_\_                      SSN: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_

**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                      (    ) Yellow Pages                      (    ) Verizon Super Pages  
(    ) Friend/Relative Referral    Who: \_\_\_\_\_  
(    ) Drive-by                      (    ) Google Search                      (    ) AAHA/Animal Planet                      (    ) 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.  
Outstanding balances are assessed a 2% finance charge monthly. A \$25.00 collection fee is assessed for accounts referred to our outside collection agent.