



# Client Registration



<b>Client Name:</b>	<b>Home Phone</b>
<b>Home Address:</b>	<b>Cell Phone:</b>
Street	_____
	<b>Work Phone:</b>
	_____
	<b>Emergency Contact:</b>
City	_____
State	
Zip	<b>Emergency Contact Phone:</b>
<b>Employer:</b>	<b>E-mail address</b>
<b>Occupation:</b>	<b>Would you like to be registered with our online Pharmacy?</b>
	0 Yes 0 No
<b>Drivers License:</b>	<b>Would you like to be on our Mailing list?</b>
	0 Yes 0 No



## Pets Information:



**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Species:** Dog      Cat      Other

**Breed:** \_\_\_\_\_ **Sex:** Male (neutered yes no)  
Female (spayed yes no)

**Color/Markings:** \_\_\_\_\_

**Last Veterinarian** \_\_\_\_\_

**Any long Term Medication** \_\_\_\_\_

**How did you hear about us?**    Radio      Newspaper      Internet (Which Site) \_\_\_\_\_  
Friend      Yellow Pages      Festival      Other \_\_\_\_\_

### Financial Policy

Payment is due when services are rendered.  
We do accept all major Credit Cards, Care Credit, Cash and Checks.  
Please let us know ahead of time if finances could be an issue.

I have read and understood the Financial Policy

\_\_\_\_\_  
**Signature**

<p align="center"><b>Animal Hospital of Havre de Grace</b> 2120 Pulasky Hwy Havre de Grace, MD 21078 410-272-8656 phone 410-272-8661 fax</p>
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