

OWINGS MILLS ANIMAL & BIRD HOSPITAL, INC
OWNER/PATIENT REGISTRATION



CLIENT INFORMATION *Please Fill out form COMPLETELY**
PLEASE PRESENT DRIVERS LICENSE

DATE ___/___/___ @ ___ am/pm
OWNER NAME (RESPONSIBLE

PARTY _____
ADDRESS _____
(STREET) _____
CITY _____ STATE _____ ZIP _____
PHONE(H) _____ (W) _____ (CELL) _____
(PAGER) _____ E-MAIL _____
OCCUPATION _____ BEST TIME TO CALL _____
EMPLOYER _____
CO-OWNER _____ E-MAIL _____
CO-OWNER PHONE(H) _____ (W) _____ (CELL) _____

PATIENT INFORMATION

PET NAME(1ST Pet) _____ (2ND Pet) _____ (3RD Pet) _____
BREED (1ST) _____ (2ND) _____ (3RD) _____
SEX (circle) **MALE FEMALE MALE FEMALE MALE FEMALE**
SPAY/NEUTERED (circle) YES NO YES NO YES NO
AGE-DOB(1ST) _____ (2ND) _____ (3RD) _____
COLOR (1ST) _____ (2ND) _____ (3RD) _____
Vaccines Current? (1ST) _____ (2ND) _____ (3RD) _____

PREVIOUS VET? _____ LAST VISIT _____ PHONE _____
Significant Medical History/Reason for Visit? _____

How did you hear about us? FRIEND (NAME) _____ OTHER _____
YELLOW PAGES? WHICH BOOK? ONE BOOK OR VERIZON
EMERGENCY CLINIC _____ REFERRING
VETERINARIAN _____

METHOD OF PAYMENT (circle) **choice(s) must be selected**
CASH **CHECK **CHARGE—CREDIT CARD TYPE _____ EXP. _____
**DRIVERS LIC#STATE _____ **SS# _____

****TWO FORMS OF ID REQUIRED**

RESPONSIBLE PARTY

I UNDERSTAND THAT I'M ASSUMING RESPONSIBILITY FOR ALL CHARGES INCURRED AND THAT PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. I ALSO AGREE TO PAY ALL COLLECTION FEES THAT ARE INCURRED FOR ANY PAST DUE BALANCES. THERE IS A \$35.00 FEE FOR ALL RETURNED CHECKS

OWNERS SIGNATURE (RESPONSIBLE PARTY) _____