

Pelham Animal Clinic
Dr. W. Ryan Carr
Patient Registration Form

Owner's Name: _____ Spouse: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: (____) _____ - _____ Spouse Phone: (____) _____ - _____
 Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 E-mail Address: _____ Spouse: _____
 Owner's SS#: _____ Owner's DL#: _____
 Employer's Name: _____ Phone #: _____
 Employer's Address: _____
 Spouse's Employer's Name: _____ Phone #: (____) _____ - _____
 Employer's Address: _____
 Emergency Contact: _____ Phone #: (____) _____ - _____
 How did you hear about us? _____

Patient(s) Information

Pet's Name	Species	Breed	Sex	Birthday
1.				
Medical Conditions:				
2.				
Medical Conditions:				
3.				
Medical Conditions:				

Additional Pets: _____

Are your pets on heartworm preventative? Y / N Flea preventative? Y / N

What products do you use/prefer? _____

My pet has....

Been vaccinated in the last year. Never been vaccinated. Not sure if/when vaccinated.

I hereby authorize W. R. Carr, LLC, its agents or employees to perform the surgery or other service needed on the above described animal and do hereby release and forever discharge W. R. Carr, LLC, its representative agents or its employees from all claims and demands whatever I have or may have against W. R. Carr, LLC. Its representatives or employees by reason of said surgery, administration of drugs and performances of other services and my consequences resulting directly or indirectly therefrom. I further certify that I have ordered or have been authorized by the owner to order the above named service for the above described animal. In any event I accept full financial responsibility for the payment for the services ordered and rendered. I understand that for any animal not called for within ten (10) days from the date which the clinic shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the clinic. My financial responsibility shall not in any way be altered by such disposal and indebtedness shall include all charges made against such animal up to and including the date of and charges for disposal of same. Should it become necessary to collect this account through an attorney or any agent, the undersigned agrees to pay all costs of collection including responsible attorneys or agents fees.

ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE PERFORMED.

If money conscious, please let receptionist know so we can budget with you accordingly.

Client signature: _____ Date: _____