

Welcome To Carolinas Veterinary Medical Hospital

Thank you for entrusting us with the opportunity to care for your beloved pet(s)! At CVMH your pets health comes first. So that we may become better acquainted, please take the time to fill out this form completely. Thank you so much!

REGISTRATION

NAME _____ SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ SECONDARY # _____ CELL # _____

WORK PHONE # _____ PLACE OF EMPLOYMENT _____

EMAIL ADDRESS _____

*(Not to worry, your email is kept **confidential!** If provided, you will be able to log-on to your Pet Portal which enables you to request appointments, boarding, refill medications and keep updated on your pet's vaccine history. You will also have access to our **online pharmacy** to order medications & food that can be home delivered!)*

AUTHORIZATION

*I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I understand that all charges are to be **paid at the time services are rendered**. I also understand that a deposit may be required for medical treatment or surgery.*

SIGNATURE OF OWNER _____ DATE _____

METHOD OF PAYMENT: Visa/MasterCard Amex Discover Cash

How did you hear about us? Drove By Angies List Google Fox News Rising

Yellow Pages Client Recommendation _____

I hereby authorize my pet(s) to be featured in CVMH promotional material, such as: Dr. Watson's Fox News Rising segments on TV, my pet(s) picture to be taken and posted on CVMH's Facebook page & other promotional hospital materials. Yes No

Welcome To

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    **Pet Health History**    

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Female or Male			
Spayed or Neutered?			
Last known date of vaccinations?			
Previous history of serious illnesses or surgeries?			
List any allergies to vaccinations or medications:			
Is your pet on a special diet or medications?			
Anything significant you would like us to know about your pet(s)? <i>Ex: Fear, Aggression, Afraid of Thunderstorms, Therapy Dog</i>			

Do you currently have Pet Insurance? Yes No

Insurance provider name? _____

Would you like to be present during treatment of your pet(s)? Yes No