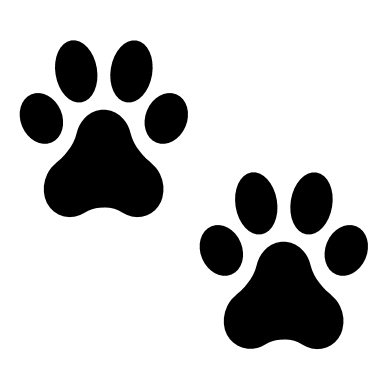
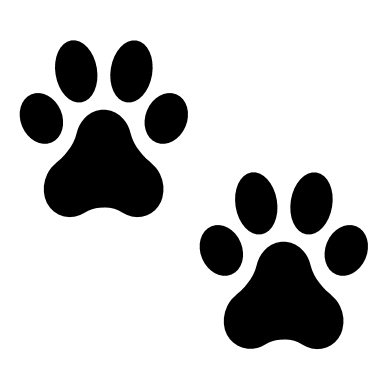
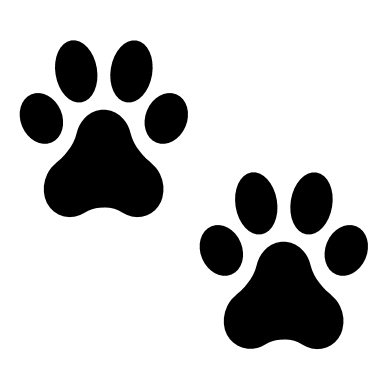
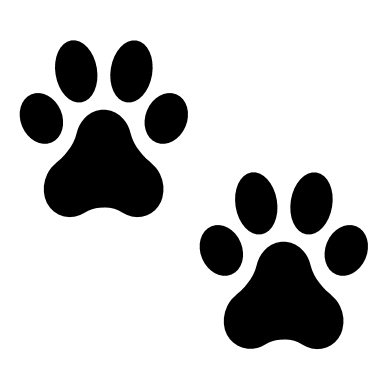
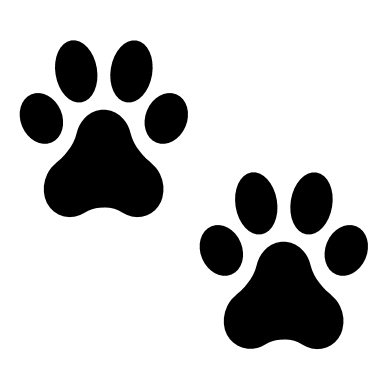
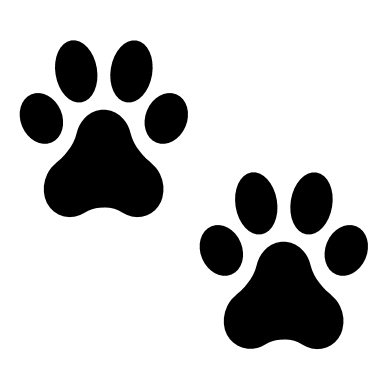
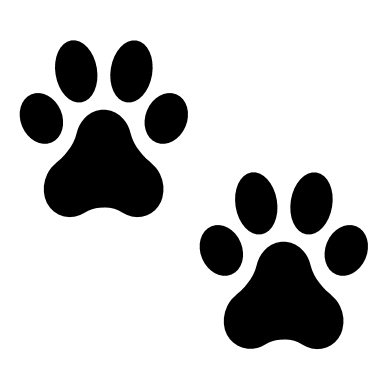
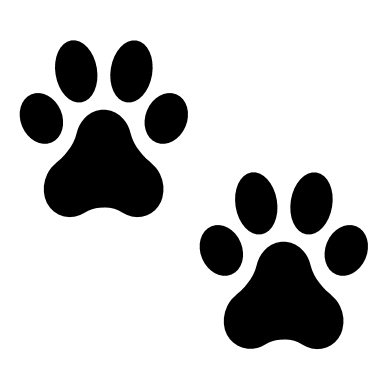
**Dill Veterinary Hospital******

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet’s health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

**OWNER REGISTRATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OWNER’S FIRST NAME MIDDLE INITIAL LAST NAME SPOUSE/OTHER**

**HOME ADDRESS STREET APT/SPACE/UNIT CITY ZIP CODE**

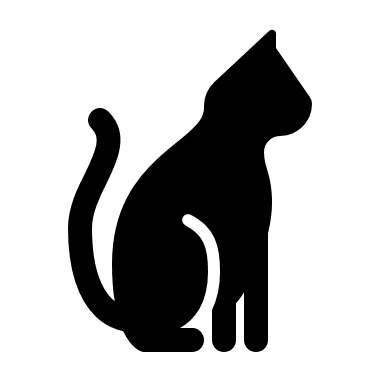
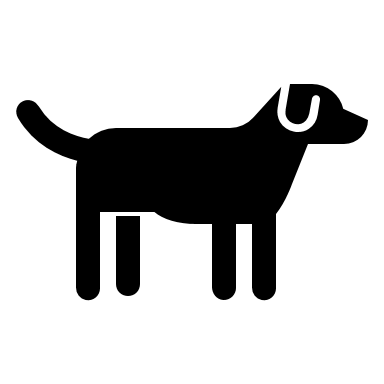
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**HOME PHONE NUMBER WORK PHONE NUMBER CELL PHONE NUMBER**

**SPOUSE / OTHER CELL PHONE E-MAIL ADDRESS**

**HOW DID YOU HEAR ABOUT US? YELLOW PAGES SIGN REFERRAL OTHER**

**IF RECOMMENDED, BY WHOM?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

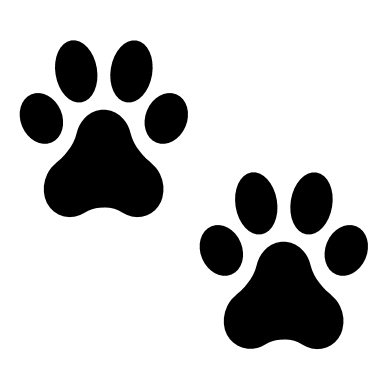
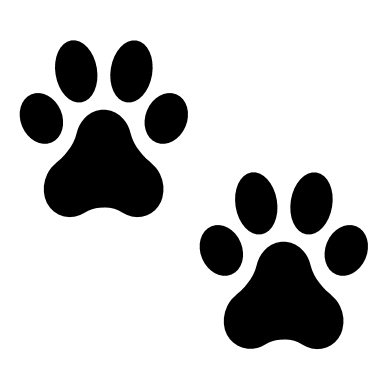
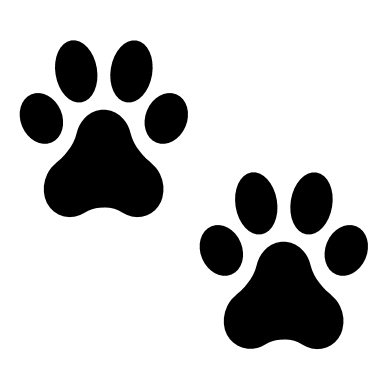
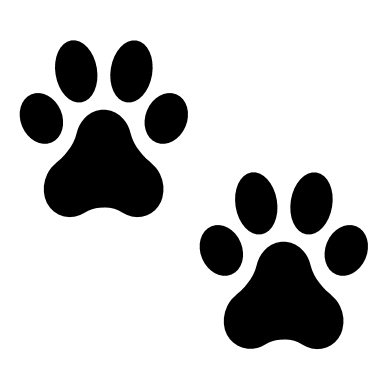
**PET INFORMATION**

**PATIENT #1 NAME DOG/CAT MALE/FEMALE SPAYED/NEUTER AGE/DOB BREED COLOR**

**DATE OF LAST VACCINATIONS CURRENT MEDICATIONS**

**PATIENT # 2 NAME DOG/CAT MALE/FEMALE SPAYED/NEUTER AGE/DOB BREED COLOR**

**DATE OF LAST VACCINATIONS CURRENT MEDICATIONS**

**AUTHORIZATION**

We will gladly prepare an estimate for services today. Please ask a receptionist or Doctor to estimate fees. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. We accept Cash, Debit, and all major credit cards. In case of extensive medical or surgical procedures needed, you may also choose to apply for Care Credit. Please ask the receptionist for an application if interested.

**METHOD OF PAYMENT: CASH CREDIT CARD/DEBIT CARE CREDIT**

I Hereby authorize the Veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred. I understand that these charges need to be paid at the time of release and that a deposit may be required for hospitalization or surgical treatment.

**SIGNATURE OF PERSON RESPONSIBLE FOR PET(S)**