

# WELCOME

Thank you for giving Centennial Animal Hospital the opportunity to care for your pet(s). To ensure the best care possible, please fill out this form completely.

## REGISTRATION

OWNER: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Which number is best to reach you? Home/Cell Can you receive text messages? Yes / No  
Email address: \_\_\_\_\_  
May we send you reminders via email? Yes / No

CO-OWNER: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Previous Vet: \_\_\_\_\_  
Whom should we thank for referring you? \_\_\_\_\_

## PET HEALTH HISTORY

NAME: \_\_\_\_\_ SEX: Male / Female  
BREED: \_\_\_\_\_ NEUTERED (Male) \_\_\_\_\_ SPAYED (Female) \_\_\_\_\_  
COLOR: \_\_\_\_\_ BIRTHDATE or Age: \_\_\_\_\_  
CURRENT MEDICATIONS: \_\_\_\_\_

*Please bring and give any medical records/vaccine records to the receptionists to make copies.*

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet described. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.

\_\_\_\_\_ CAH has my permission to take pictures of my pet; they may be used for the pets file, and can be posted to our websites.

I authorize my emergency contact (**other than myself**) to pursue treatment if I am unavailable. Emergency contact must be an adult over the age of 18.

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_ Date: \_\_\_\_\_