

Welcome to CENTINELA ANIMAL HOSPITAL

Please complete both sides of this registration form to assist us in serving you and your pet.
Information disclosed is strictly confidential.

Name _____ (Last) _____ (First & M.I.) _____ (Mr. Ms. Mrs. Miss Dr.) _____
Address _____
City _____ Zip Code _____
Phone 1 (____) _____ Phone 2 (____) _____
Soc. Sec. # _____ Drivers Lic. # _____
Birth Date _____ Drivers Lic. Exp. _____
Occupation _____ Employer _____
Work Phone (____) _____ Referred by _____
E-mail Address _____

The following contact information is not mandatory, but could be essential in expediting proper treatment in an emergency if you cannot be reached.

Name _____ Relationship _____
Address _____
Phone 1 (____) _____ Phone 2 (____) _____
Previous Vet _____
Reason for leaving _____
Does your pet have any medical problems or drug intolerances? Yes _____ No _____
Please list them here and discuss with your doctor _____

Please indicate the method of payment you prefer.

AMX _____ Master Card _____ Visa _____ Care Credit _____ Cash _____ Check _____

CHECK WRITING POLICY: A current drivers license with a local address, your social security number and a personal check with your name and address imprinted are required to write a check. Checks written by persons other than you are not accepted. If your pet's guardianship is shared with another person, both parties will need to complete a client sheet. A \$25 fee will be assessed on returned checks.

Our office hours are Monday – Friday 8:00 a.m. – 6:00 p.m. and Saturday 8:00 a.m. – 12:00 p.m. Twenty-four hour observation is not provided, however patients may be examined and treated at the veterinarian's discretion. Emergency instructions are provided for after hour care by dialing the clinic's regular phone number.

I understand that professional fees are to be paid at the time services are rendered and, I agree to the terms and conditions stated above.

Signature _____ Date _____

Pet's Name _____ Canine _____ Feline _____
Age / D.O.B. _____ Sex _____ Spayed _____ Neutered _____
Cats: Indoors _____ Outdoors _____ Breed _____ Color _____
Date of Last Immunization _____ Location _____
Vaccines Given _____
Comments _____

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