

# Vineyard Veterinary Hospital

## REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner DOB is a DEA requirement for controlled substances

Referred by \_\_\_\_\_

Pet's Name \_\_\_\_\_  Dog  Cat  Male  Female Spayed/Neutered? YES NO

Age or DOB \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

If your pet has any health concerns or specific issues that need attention, please list below.

**\*\*Please complete only if you did not provide previous medical records for your pet\*\***

Previous veterinary hospital name \_\_\_\_\_ Phone \_\_\_\_\_

Please check all that apply and write the date given.

**DOG**

**CAT**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Rabies _____     | <input type="checkbox"/> Rabies _____ |
| <input type="checkbox"/> DA2P _____       | <input type="checkbox"/> FVRCP _____  |
| <input type="checkbox"/> Bordetella _____ | <input type="checkbox"/> FELV _____   |
| <input type="checkbox"/> Lepto _____      |                                       |

Check out our app Pet Desk to access your patient chart!

Scan the QR code to download our app and access your pet's patient portal. Be sure to use the email provided above to log in to your patient chart. Please allow 24 hours for syncing.



I, the undersigned, authorize Vineyard Veterinary Hospital to examine, diagnose, and treat my pet. I understand that payment is due at the time of service and accept full financial responsibility for all charges incurred. I acknowledge that treatment estimates are available upon request. In the event of an emergency, I authorize necessary medical intervention as deemed appropriate by the attending veterinarian. I, the undersigned, agree as the owner or agent that, in consideration of treatments and services rendered for the above-described patient, I obligate myself to pay all fees incurred at the time services are rendered. Vineyard Veterinary Hospital does not offer billing. Payment is due at the time services are rendered. I understand that a deposit is required on all pets admitted to the hospital. I certify that I am at least 18 (eighteen) years of age and that I am the owner or owner's agent of the above-described animal and am duly authorized to execute this agreement and accept its terms. I understand that there is no guarantee of successful treatment and that no such guarantee has been made or offered.

Signature \_\_\_\_\_

Date \_\_\_\_\_