



Pet Registration Form

Welcome! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. So that we may become better acquainted please take the time to fill in this form **completely**. Thank you!

Today's Date _____

Owner Information

Name _____, _____ SS# _____
last first

Home Phone _____ Cell Phone _____

Address _____
street city state zip code

E-mail Address _____

Spouse Information

Place of Employment _____ Cell Phone _____

Name _____, _____ SS# _____
last first

Home Phone _____ Cell Phone _____

How did you learn of our hospital?

- Drove by
- Previous Client
- Yellow Pages
- Personal Recommendation (Whom may we thank?) _____

[more >](#)

Churchman Animal Hospital
2228 Churchman Avenue
Indianapolis, Indiana 46203

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Hours M W F 7 am – 7 pm
T T 7 am – 6 pm
Sat 8:30 am – 1:30 pm

Pet Health History

Name of Pet _____

Breed _____ Color _____

Date of Birth _____

Dog Male Neutered Heartworm tested? Yes No
 Cat Female Spayed Feline Leukemia/FIV tested? Yes No

Vaccination History (*Date and type of last vaccinations*)

Please check any symptoms or problems that you have noticed about your pet:

Behavior Problems Limping Sneezing
 Bleeding Gums Loss of Appetite Shaking Head
 Breathing Problems Loss of Balance Thirst and/or Urination Increase
 Coughing Scratching Vomiting
 Diarrhea Seems Depressed

Other _____

Pet's Current Medications _____

Describe Your Pet's Diet _____

Previous Veterinarian _____

Authorizations and Payment

ALL fees are due at the time services are rendered (*today*).

Photo identification is **required** for release of your pet's medical records.

Type of photo identification provided _____

Deposits and payments for services may be cash, debit card, VISA, Mastercard or Discover

We DO NOT accept paper checks or debit cards processed without the appropriate PIN for security.

Method of Payment?

VISA/Mastercard/Discover Debit Card (must have PIN) Cash

I hereby, authorize the veterinarian to examine, prescribe for, or treat the described (*see pet health history above*) pet. I assume responsibility for ALL charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required.

I understand that **payment in full is required** prior to, or at the release of my pet. _____
please initial above

Signature of Owner _____ Date _____