



COTSWOLD ANIMAL HOSPITAL

Welcome!

Thank you for the opportunity to care for you pet (s). We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

CLIENT REGISTRATION FORM

Owners Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (Apt/Unit)

City: _____ State: _____ Zip: _____

Email Address: _____

Mobile Phone Number: _____

Work Phone Number: _____ Which number is best to reach you by? Mobile Work

Co-Owner/ Spouse : _____

Co-Owner/Spouse Phone number: _____ Co-Owner/Spouse Email: _____

REFERRAL

Drive By CAH Website Internet/Social Media Friend/Other: _____

PET INFORMATION

Previous Veterinarian Practice Name: _____ City/State: _____

Pet Name: _____ Canine/ Feline Female/Male Spay/Neuted: Yes/No

Age/Date of Birth: _____ Breed: _____ Color: _____

Pet Name: _____ Canine/ Feline Female/Male Spay/Neuted: Yes/No

Age/Date of Birth: _____ Breed: _____ Color: _____

Pet Name: _____ Canine/ Feline Female/Male Spay/Neuted: Yes/No

Age/Date of Birth: _____ Breed: _____ Color: _____

MEDIA RELEASE

I grant permission to Cotswold Animal Hospital to use images/video/reviews of: myself and my pet(s) on all Social Media platforms associated with Cotswold Animal Hospital. I waive my right to inspect or approve the finished photograph or electronic matter. I waive the right to royalties and other compensation arising from or related to the use of the image. I waive my right to legal representation for all claims and liability relating to said images/videos

Signature of Owner: _____ Date: _____

AUTHORIZATION

I am verifying that I am the owner or the authorized agent of the animal described above, and I am above the age of 18. I, hereby authorize Cotswold Animal Hospital, by its veterinarians, technicians, assistants and employees of Cotswold Animal Hospital to perform the services, treatments, and prescribe necessary medication for the above animals. I am assuming all financial responsibility for these pets.

Signature of Owner: _____ Date: _____

Accepted Methods of Payment: Cash Debit/Credit Card Care Credit

We do not accept Personal Checks