

**Kindness Animal Hospital**  
**OWNER AND PET REGISTRATION FORM**

*Welcome to Kindness! It is our pleasure to know you and your pet. We look forward to many years of service, client education, and pet health.*

**PERSONAL INFORMATION**

HOME PHONE \_\_\_\_\_  
OWNER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
SPOUSE/PARTNER \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
MOBILE PHONE \_\_\_\_\_

**PET'S INFORMATION**

PET NAME \_\_\_\_\_  
SEX \_\_\_\_\_ NEUTERED? \_\_\_\_\_  
APPROXIMATE WEIGHT \_\_\_\_\_  
SPECIES \_\_\_\_\_  
BREED \_\_\_\_\_  
COLOR \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
DATE OF LAST VISIT \_\_\_\_\_

**HOW DID YOU CHOOSE OUR HOSPITAL?**

\_\_\_\_ YELLOW PAGES  
\_\_\_\_ WAS PREVIOUSLY A CLIENT  
\_\_\_\_ SAW OUR SIGN  
\_\_\_\_ PERSONAL RECOMMENDATION  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ PROFESSIONAL REFERRAL  
Dr. \_\_\_\_\_

**VACCINATIONS:**

DOGS (PROVIDE DATES)  
DISTEMPER/PARVO  
(DHLPP) \_\_\_\_\_  
RABIES \_\_\_\_\_  
HEARTWORM TEST \_\_\_\_\_  
STOOL CHECK \_\_\_\_\_

CATS (PROVIDE DATES)  
DISTEMPER (FVRCP) \_\_\_\_\_  
RABIES \_\_\_\_\_  
LEUKEMIA (FeLV) \_\_\_\_\_  
LEUKEMIA (FeLV) TEST \_\_\_\_\_

**Payment is due at the time of service rendered. Thank you.**

Please indicate preferred method of payment:

\_\_\_\_ CASH    \_\_\_\_ CHECK    \_\_\_\_ M/C    \_\_\_\_ VISA    \_\_\_\_ AmEx

I understand and agree to the fact that the policy of this animal hospital is to receive payment as services are rendered and that a deposit will be required upon admission to the hospital for treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_