**VCVI - HOSPITAL REGISTRATION FORM**

**PLEASE PRINT** **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mailing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ **Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dog/Cat/Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Color** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Altered: Yes  No **

**Age or Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Last Vaccination** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Today’s Visit                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your pet currently on medications, or has any drug sensitivities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(HOSPITAL USE ONLY) Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MONETARY DEPOSIT REQUIRED ON ALL ANIMALS LEFT IN HOSPITAL**

**PROFESSIONAL FEES ARE TO BE PAID AT TIME SERVICE IS RENDERED**

**PLEASE CIRCLE METHOD OF PAYMENT: CASH CHECK CARD**

* I hereby authorize Veterinary Centers of the VI and its veterinarians to examine, prescribe for, and treat the above described animal. I hereby release and forever discharge Veterinary Centers of the VI, its representative, agent or employees, from any liabilities related to any such care. I further certify that I have ordered, or have been authorized by the owner to order, the above named services for the above described animal.

\_\_\_\_\_\_\_\_\_\_Initial

* In the event that Veterinary Centers of the VI is unable to get in contact with me while my pet is hospitalized and needs treatment, I grant permission for my pet to be treated to the discretion of the veterinarian on duty.

\_\_\_\_\_\_\_\_\_\_Initial

* In any event, I accept full financial responsibility for the payment of the services ordered and rendered. I also understand that a deposit is required for any hospitalization and/or treatments. I understand that any unpaid accounts more than 90 days past due will be sent to a collection agency.

\_\_\_\_\_\_\_\_\_\_Initial

* I understand that any animal not called for within 3 days of the date that the hospital shall designate for its release shall be considered abandoned by me, and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of, and charges for, disposal of the same. Should it become necessary to collect this account through an attorney, the undersigned agrees to pay all costs of collection, including a reasonable attorney’s fee.

\_\_\_\_\_\_\_\_\_\_\_Initial

**Signature/Representative of Owner (Must be 18 years or older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We accept Cash & Check / Debit Card /AMEX/ Discover / Visa & MasterCard / Care Credit***