



Country View Animal Hospital

Patient Registration and Consent Form

To help us serve you better, please take a moment to fill out this form as completely as possible.

If you have any questions, we would be happy to help. Thank you!

Name: _____ Co-owner: _____
Last First Last First

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____ OK to call?

Co-Owner Employer: _____ Phone: _____ OK to call?

Email: _____ Permission for email reminders: Yes No
Please print clearly

List your current pets: _____

Have you had pets treated here before? _____

Previous Veterinarian/Clinic: _____

How did you FIRST learn of CVAH? *(Please specify if appropriate)*

- Referred by client *(name)*: _____
- Referred by shelter or rescue *(name)*: _____
- Drove by hospital on Tullar Rd.
- Found during online search
- Noticed on FaceBook

ACKNOWLEDGEMENT AND AUTHORITY: I, the undersigned, being over 18 years old, agree to pay for authorized treatment, services and products deemed necessary and/or desirable for the care of my pet(s) including, but not restricted to medications, conduction of laboratory work, radiographs, performance of operations and/or other studies that may be utilized by a Doctor of Veterinary Medicine or a qualified CVAH staff member. I accept full responsibility for the payment of services rendered. I understand that all fees are to be paid for at the time that services are rendered. I acknowledge that my signature on this form represents an agreement to comply with the previously stated policies of Country View Animal Hospital. *I also authorize CVAH to inquire and obtain my pets' previous records from other practices.*

Signature: _____ Date: _____

Print Name: _____

Additional Authorized Person(s): _____