



WELCOME TO CHATEAU ANIMAL HOSPITAL

Thank you for providing us the opportunity to care for your family pet(s). Our motto is to "pamper every pet!" We will be happy to answer any questions you have regarding your pet's health care needs. To insure the best care possible, please complete this form carefully. Payment is due on the day services are rendered. We offer pet spa amenities, grooming, and dental services in addition to our full range of surgical and preventive medicine care.

REGISTRATION

Date: _____ Owner: _____

Address: _____
(Street) (City) (State) (Zip code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse/Co-Owner: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Number of pets in household: Dogs _____ Cats _____ Other _____

How did you learn about Chateau Animal Hospital?
 Yellow Pages Sign Mail Recommendation News Paper Ad
 Other _____

If recommended, by whom? _____

Reason for visit: _____

PET HEALTH HISTORY

Name of Pet #1: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/Age: _____

Vaccination History (date and type of last vaccines): _____

Pet's Current Medications: _____

Describe Your Pet's Diet: _____

Name of Pet #2: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/Age: _____

Vaccination History (date and type of last vaccines): _____

Pet's Current Medications: _____

Describe Your Pet's Diet: _____

Method of payment: Master Card Visa Discover American Express Check Cash

