

**EBENEZER ANIMAL HOSPITAL, P.A.
REGISTRATION**

******IMPORTANT! PLEASE READ!******

1. **Professional services are payable when rendered.**
2. Your personal check is welcome with a valid driver's license, but may be subject to check authorization. (Counter checks & two party checks cannot be accepted.)
3. If your pet will be hospitalized, a deposit of at least 50% of the estimated total will be required.
4. You may request a written estimate at any time.
5. By signing below **you certify that you are at least 18 years of age**, the owner of and financially responsibly responsible person for all animals provided on this registration sheet.
6. I have read all of the above, and to the best of my knowledge, all of the information provided on the sheet is correct.

Signature

Date

NAME _____

SPOUSE, PARTNER, SIGNIFICANT OTHER'S NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NO./STATE _____

SS# _____ DOB _____

OCCUPATION _____

EMPLOYER _____

SPOUSE, PARTNER, or SIGNIFICANT OTHER'S EMPLOYER _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL _____

SPOUSE, PARTNER,
SIGNIFICANT OTHER PHONE _____

OTHER CELL PHONE _____

MISSION STATEMENT

At Ebenezer Animal Hospital, PA, we have a passion for providing the best healthcare possible for our patients with a focus on client service in an environment that strengthens the human animal bond.

To improve our service to you, we invite your suggestions at any time!

Please provide the names and relationship of anyone who we may contact concerning this account. I understand that by providing the below names I give Ebenezer Animal Hospital, PA the authority to discuss details of my pets medical history and my account as needed.

Name

Name

Name

Relationship

Relationship

Relationship

	PET 1	PET 2	PET 3	PET 4
NAME				
DATE OF BIRTH				
TYPE	DOG CAT BIRD	DOG CAT BIRD	DOG CAT BIRD	DOG CAT BIRD
CIRCLE ONE	OTHER(DESCRIBE): _____	OTHER(DESCRIBE): _____	OTHER(DESCRIBE): _____	OTHER(DESCRIBE): _____
COLOR				
BREED				
SEX	NEUTERED MALE SPAYED FEMALE	NEUTERED MALE SPAYED FEMALE	NEUTERED MALE SPAYED FEMALE	NEUTERED MALE SPAYED FEMALE
CIRCLE ONE	MALE FEMALE SEX UNKNOWN	MALE FEMALE SEX UNKNOWN	MALE FEMALE SEX UNKNOWN	MALE FEMALE SEX UNKNOWN
ON HEARTWORM PREVENTION?				
ON ANY OTHER MEDICATION?				
DATE OF LAST VACCINATION FOR:				
	DATE	DATE	DATE	DATE
CANINE DISTEMPER/ PARVO				
CANINE CORONA				
CANINE BORDETELLA (KENNEL COUGH)				
FELINE DISTEMPER/ RESPIRATORY COMPLEX				
FELINE LEUKEMIA				
FELINE INFECTIOUS PERITONITIS (F.I.P.)				
RABIES				