



Welcome to Fort Hunt Animal Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in this form completely.

Thank you.

Client Registration

Name (Last, First): _____ Date: _____
SSN: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Home Phone: _____ Cellular Phone: _____
E-mail Address: _____

Employer: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Work Phone: _____ Ext. _____

Spouse's Name (Last, First): _____ SSN: _____
Spouse's Cellular: _____ Work: _____
Employer: _____
Address: _____
City: _____ State: _____ Postal Code: _____

Emergency Contact Name (Last, First): _____
Phone Number(s): _____
Can this person authorize treatment for your pets? Y or N

How did you learn of our clinic?

_____ Yellow Page _____ Sign _____ Web
_____ Recommendation _____ Client: _____
_____ Other: _____

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

Reason for visit: _____



Exotic Pet Registration

Pet Name: _____ Species: _____

Age: _____

Male: _____ Female: _____ Neutered: _____ Spayed: _____

Obtained from: _____ Owned for: _____ years

Current Diet:

Name: _____ Type (dry, canned or both): _____

Amount: _____ Frequency: _____

Treats: _____

Supplements: _____

Cage: _____ Bedding: _____

Cage Location: _____ Cage Mates: _____

Is pet allowed out of cage? Yes _____ No _____

Does pet spend time outside? Yes _____ No _____

If your pet is an avian, are the wings trimmed? Yes _____ No _____

Please check all symptoms or problems that you have noticed about your pet.

___ Behavior Problems	___ Head Tilt	___ Shaking Head
___ Breathing Problems	___ Lethargic	___ Sneezing
___ Coughing	___ Limping	___ Thirst Increase
___ Diarrhea	___ Loss of Balance	___ Trouble Eating
___ Eye Irritation	___ Nasal Discharge	___ Urination Increase
___ Feather Picking	___ Scratching	___ Weakness
___ Gagging	___ Seems Depressed	___ Other: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____

Method of Payment: ___ Cash ___ Check ___ Credit Card

Fort Hunt Animal Hospital's Hours of Operation

I have been informed and understand the hours of operation and staffing at Fort Hunt Animal Hospital as stated below:

General Hours:	Monday through Friday:	7:30 am - 7:00 pm
	Saturday:	7:30 am - 12:00 pm
Doctor's hours:	Monday through Friday:	9:00 am - 7:00 pm
Drop off times:	Monday through Friday:	7:30 am - 9:00 am
	Saturday:	7:30 am - 11:30 am
Pick up times:	Monday through Friday:	9:00 am - 6:30 pm
	Saturday:	8:00 am - 11:30 am

Fort Hunt Animal Hospital is not an emergency care facility and does not provide overnight staffing. Doctors are on duty during doctor's hours only and Technicians are on duty during general hours only.

Signature of Client: _____

Date: _____