

**“LET’S GET ACQUAINTED”  
OWNER AND NEW PET REGISTRATION FORM**

TRILBY ANIMAL HOSPITAL  
ALAN G. MOORE, D.V.M.

**ABOUT YOURSELF: (OWNER INFORMATION) PLEASE PRINT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ work(\_\_\_\_)\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **Driver License Number:** \_\_\_\_\_

Spouse/Co-owner: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

If owner cannot be reached, please contact: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email address \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**ABOUT YOUR PET: (ANIMAL INFORMATION) PLEASE ANSWER ALL QUESTIONS**

Name: \_\_\_\_\_ **Date of Birth (or approximate Age):** \_\_\_\_\_

Species: (Circle One)      CANINE    FELINE    REPTILE    AVIAN    FERRET    OTHER

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

**SEX: MALE    FEMALE    UNKNOWN      Spayed/Neutered?    YES    NO    UNKNOWN**

Date pet was obtained: \_\_\_\_\_ From: \_\_\_\_\_

**MEDICAL INFORMATION:** (Continue answers on back if needed)

Previous Veterinarian (If any): \_\_\_\_\_

Important Medical Conditions: \_\_\_\_\_ Current Medication: \_\_\_\_\_

Current Diet: \_\_\_\_\_ Amount Per Day: \_\_\_\_\_

Does your pet have aggressive tendencies? (other pets or people) \_\_\_\_\_

If so, do you object if the doctor advises a muzzle for the exam? \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

## OUR POLICY OF CARE AND PAYMENT

Ensuring that our patients receive high quality care is the goal of our practice

**Payment is due at the time of treatment.** We accept cash, checks and major credit cards. We also have a payment plan called CareCredit, that allows you to start treatment today and spread payments over time.

Payment is your responsibility. If you have **pet insurance**, we will gladly fill out the forms for you but payment is due in full at the time of service. You would pay us and the insurance would reimburse you.

If needed, applying for CareCredit only takes a few minutes and there is no fee to apply.

Please indicate below the form of payment you choose to settle your account (*check one*)

- Cash
- Check
- Credit Card
- Care Credit (Subject to credit approval). If credit application is declined, another form of payment listed above is required.

**“I understand that it is a policy here to pay in full as services are rendered, and that a 50% deposit will be required if my pet is admitted for treatment.** I also understand that if there is a balance, a billing fee of \$2.00 and .66% interest (8% annually) of the monthly balance will be added every month, and that a minimum payment of 15% of balance must be paid at least every 30 days. I agree to adhere to this policy .”

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Signature of Owner/Responsible Party