

Skillful Care



Gentle Hands

Date of Registration: _____

office use ID# _____

Client / Patient Information

Owner:	Spouse / Other:
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Alternative Phone: _____	Alternative Phone: _____
Alternative Address: _____	Alternative Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

How were you referred to our Animal Hospital? Personal referral by: _____

Internet Personal Experience Sign Yellow pages

Patient Information

Patient name: _____	Previous Veterinarian: _____
Breed: _____	City: _____ State: _____
Date of Birth: _____	Previous vaccines: Yes _____ No _____
Sex: _____ Spayed/Neutered: Yes _____ No _____	Previous illnesses: Yes _____ No _____

Preferred method of payment: Cash Credit Card

For payment by check the following information is required:

Drivers License: State: _____ Number: _____ Expiration Date: _____

Feel free to ask for an estimate of charges prior to services.

I UNDERSTAND THAT PAYMENT IS DUE WHEN PROFESSIONAL SERVICES ARE RENDERED OR UPON DISCHARGE OF MY PET FROM THE RHINEBECK ANIMAL HOSPITAL.

Signature of Owner or Authorized Agent: _____