



**North Royalton  
Animal Hospital**  
Since 1957



## WELCOME REGISTRATION

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. Please fill out this form to ensure the best care possible. Thank you and welcome to our practice!

### REGISTRATION

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

How did you learn about our Hospital? *Royalton Recorder* \_\_\_\_\_ *The Post* \_\_\_\_\_ Drive-by \_\_\_\_\_ Internet \_\_\_\_\_

Friend / Family: \_\_\_\_\_ Name: \_\_\_\_\_

I grant permission to use my Pet's Photograph for use in newspapers, Facebook and/or our website. YES NO

Number of Pets in your Home: Dogs \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

### YOUR PET'S HEALTH HISTORY

Name of Pet: \_\_\_\_\_ Type of Animal: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered? \_\_\_\_\_ YES NO Female: \_\_\_\_\_ Spayed? YES NO

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

Is your Pet current on Vaccines? YES NO

Is your Pet current on Parasite Prevention? YES NO

Your Pet's Diet: \_\_\_\_\_

### AUTHORIZATION

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

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE