



**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 and circle answer when appropriate to ensure the best care possible. Thank you and welcome to our practice!

### CLIENT

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* \_\_\_\_\_ *Mimi's* \_\_\_\_\_ Drive-by \_\_\_\_\_ Event \_\_\_\_\_

Internet \_\_\_\_\_ Word of Mouth / Friend / Family: Name: \_\_\_\_\_

I grant permission to use my Pet's Photograph for use in Newspapers, Facebook, Social Media, and/or our Website. YES / NO

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

Precautions to be aware of with your pet? \_\_\_\_\_ Current on Rabies? YES / NO

### PATIENT

Name of Pet: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

Sex: M / F Fixed: Yes / No / Unknown Species: Canine / Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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

### 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. We do not offer payment plans. For your convenience, NRAH accepts cash, personal check or credit card (Visa, MC, Discover, & Care Credit). We charge a \$30.00 service fee for any returned check.

**Estimates** include items our staff will most likely require to treat and care for your pet during his/her treatment and hospitalization. Please understand the estimate is an approximation only. The final cost may vary from the estimate provided. We routinely provide written estimates for all hospitalized patients, and your medical care team will discuss that estimate with you prior to admission. Our team will make every effort to inform you of ongoing costs; however, it is your responsibility to ask a staff member for daily updates on your invoice.

**Alternative Finance Plans:** NRAH offers an alternative payment option for our clients through Care Credit. If you choose to use this plan, NRAH is in no way affiliated with this program or organization. The financial relationship is between you and the lender – not our hospital.

**Pet Insurance Providers** are available. NRAH is not involved with insurance billing. If you choose to use a provider, the financial relationship is between you and the lender, not our hospital. 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**

9027 Ridge Road  
North Royalton, OH 44133

Welcome Registration Rev: 7/10/19

440-237-7691

[www.northroyaltonanimalhospital.com](http://www.northroyaltonanimalhospital.com)