

Beverly Animal Natural Health Center Pet Registration

Welcome to Beverly Animal Natural Health Center (BANHC). Thank you for giving us the opportunity to care for your pet. Our priority is your pet's well-being. In order to help us, please fill out this form completely. Thank you.

OWNER INFORMATION

Owner _____ Co-Owner _____

Address _____

Street

City

Zip Code

Home Phone _____ Work Phone _____ Cell phone _____

Co-owner Work Phone _____ Co-owner Cell phone _____

email address _____

Which is the best way to contact you? _____

PET INFORMATION

Name _____ Circle one: Dog Cat

Breed _____ Circle one: Male Female

Color _____ Birthdate _____ Neutered: Yes No

Vaccine History (date and type of last vaccines, hospital where given) _____

Current Medications and Supplements _____

Would you like reminders sent to you? Yes No

How did you hear about us? Phone book Drive by

Recommendation _____

AUTHORIZATION AND CONSENT

I hereby authorize Beverly Animal Natural Health Center to examine, prescribe and treat the above pet. I understand that I am responsible for any and all costs incurred. This may also include phone consultations and medical record review. I also understand that these costs are to be paid at the time services are rendered. A deposit is required for medical & surgical care.

Signature of Owner _____ Date _____

CASH, CHECK, VISA AND MASTERCARD ACCEPTED