

**Tram**



**Road**  
Animal  
Hospital

***New Client/Patient Registration Form***

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

**REGISTRATION**

Owner's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact/Phone #: \_\_\_\_\_

How did you find out about our practice?  Location/Sign  Facebook  Google/Internet Search  Referral  
 Our Website  Yellow Pages  Other: \_\_\_\_\_

If you were referred by a current client, please tell us whom so we can thank them: \_\_\_\_\_

**PET HEALTH**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Special Markings: \_\_\_\_\_ Date of Birth or Approximate Age: \_\_\_\_\_

Sex: M F Is your pet spayed/neutered:  Yes  No  Unsure

Previous Veterinarian, if any: \_\_\_\_\_

**AUTHORIZATION**

1.) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image(s) and story on social media, our website and other forms of related media? Your name and personal information will never be shared unless you allow. Simply check below to authorize this:

YES, I authorize TRAH to share my pet's photo, name and my name.  No, I do not authorize this.

2.) **TREATMENT CONSENT:** I hereby authorize the veterinarian(s) to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that **payment is always due IN FULL at the time of service.** Our staff is always happy to provide estimates.

**\*\*WE DO NOT ACCEPT PERSONAL CHECKS\*\* ONLY CASH, VISA, MASTERCARD or DEBIT**

Method of payment:  Cash  Visa  MasterCard  Debit

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_