

ZIONSVILLE ANIMAL HOSPITAL - NEW PATIENT/CLIENT REGISTRATION

Your Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Owner's Date of Birth _____

Driver's License# _____ **OR** Social Security # _____

Additional Contact Name: _____ Phone: _____

How did you learn about our hospital?

AAHA

Hospital Sign

Angie's List

MRAH/MRAH96th Client

Humane Society

Welcome Wagon

ZVAH Website

Individual (please list name) _____

PET INFORMATION

Pet's Name _____ Dog / Cat (circle one) Date of Birth _____

Breed _____ Color: _____ Neutered Male/Male/Spayed Female/Female (circle one)

Pet's Name _____ Dog / Cat (circle one) Date of Birth _____

Breed _____ Color: _____ Neutered Male/Male/Spayed Female/Female (circle one)

Pet's Name _____ Dog / Cat (circle one) Date of Birth _____

Breed _____ Color: _____ Neutered Male/Male/Spayed Female/Female (circle one)

_____(initial here) I authorize ZAH to take a photo of my pet(s) to use for promotional and/or social media.

*Please note that your privacy is important to us. All information received in all forms and through other communication is subject to our Patient Privacy Policy. I authorize the doctors and staff of Zionsville Animal Hospital to provide medical service to my pet(s) and I assume full financial responsibility for those services. Any fees associated with an overdue account, such as collection agency fees, attorney fees or court costs as well as any charges for a returned check will be the responsibility of the client. I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____