

**Albany Animal Hospital, Inc.**  
**Client Registration Form**

Name \_\_\_\_\_  
Last First MI

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: Single / Married / Divorced

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

Mailing Address if different from above:  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Ok to Contact via Cell? Yes / No

Best time to reach me is: \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Spouse / Co-Owner Name \_\_\_\_\_  
Last First MI

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Mailing Address if different from above:  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Ok to Contact via Cell? Yes / No

Driver's License/ID # \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**If a third party is paying for service, they will need to fill out a separate registration form with their information.**

How did you find us?  Dex  Facebook  AAH Website  Yellowbook  Street Sign  
 Other \_\_\_\_\_

I was referred by \_\_\_\_\_

Pet #1

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Birthdate/Approx. Age \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Altered? Y / N Breed \_\_\_\_\_ Color \_\_\_\_\_  
Clinic(s) Previously Seen At \_\_\_\_\_  
Current Medications \_\_\_\_\_

Pet #2

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Birthdate/Approx. Age \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Altered? Y / N Breed \_\_\_\_\_ Color \_\_\_\_\_  
Clinic(s) Previously Seen At \_\_\_\_\_  
Current Medications \_\_\_\_\_

Pet #3

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Birthdate/Approx. Age \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Altered? Y / N Breed \_\_\_\_\_ Color \_\_\_\_\_  
Clinic(s) Previously Seen At \_\_\_\_\_  
Current Medications \_\_\_\_\_

Pet #4

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Birthdate/Approx. Age \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Altered? Y / N Breed \_\_\_\_\_ Color \_\_\_\_\_  
Clinic(s) Previously Seen At \_\_\_\_\_  
Current Medications \_\_\_\_\_

I hereby authorize AAH, Inc. and the veterinarian to examine, prescribe for, and treat the above described pets. I assume complete responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. I understand Care Credit is the ONLY FORM OF A PAYMENT PLAN available.

A service charge of 2% per month or \$5 per month, whichever is greater, will be charged on all past due accounts. In the event suit or other action is required to collect this account, the prevailing party shall be entitled to recover all costs incurred in collecting said past due account, including but not limited to reasonable attorney fees at both the trial and appellate levels.

I understand and agree, if there are any disputes regarding products sold or services provided, I must address them in person or in writing within 7 days of the product purchase or service date.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Co-Owner/Spouse \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Method of Payment (Please circle one)      Cash              Credit / Debit Card              Care Credit

**PLEASE BE AWARE WE ARE NOT ABLE TO TAKE CHECKS AS PAYMENT FROM FIRST TIME CLIENTS & WE DO NOT ACCEPT AMERICAN EXPRESS**  
**Thank you for your understanding in this matter.**