

WELCOME TO



CARBON COUNTY VETERINARY HOSPITAL, INC.

Warner McFarland, DVM ~ Katie Huber, DVM ~ Molly Murphree, DVM

921 Airport Rd. ~ P.O. Box 1469 Rawlins, WY 82301 ~ Phone: 307-324-5635 ~ Fax: 307-324-5632

New Client Registration * Companion Animal Form

Thank you for trusting Carbon County Veterinary Hospital for the care of your companion animal(s). Please help us better meet your needs by taking a few moments to fill out this information.

Owner Full Name: _____

Spouse/Partner Full Name: _____

Address: _____
(If a PO Box, please give a street address also)

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email address: (1) _____ (2) _____

We are designing a website, www.carboncountyvvet.com, and would like to keep in touch with you.

Employer's Name: _____

Address: _____ Work Phone: _____ Ext. _____

Spouse/Partner Employer's Name: _____

Address: _____ Work Phone: _____ Ext. _____

At what time _____ and at what phone number _____ is it best to call you about your pet(s)?

In Case of EMERGENCY, and we are unable to reach you, is there someone you would like us to call?

Name _____ Phone _____ Relationship to Client _____

HOW DID YOU HEAR ABOUT US? (Please check one that applies.) Family/Friend Online Yellow Pages
 Website Internet Search Newspaper Phone Book Existing Client Hospital Sign
 Other: _____ Referred by Veterinarian Name: _____

	Today's Patient	2 nd Pet	3 rd Pet	4 th Pet
Name of Pet				
Birth date				
Cat/Dog/Other				
Breed				
Color/Markings				
Sex				
Neutered/Spayed?	Circle one: Y N	Circle one: Y N	Circle one: Y N	Circle one: Y N
Microchipped?	Circle one: Y N	Circle one: Y N	Circle one: Y N	Circle one: Y N

PET INFORMATION: Please fill in the appropriate information for each pet you own.

Previous Veterinarian(s) where records could be obtained: _____

Please list, per pet, any prior illnesses or surgeries we should know about: _____

Please list, per pet, any known drug or vaccine allergies: _____

Please note: ALL FEES ARE DUE AT THE TIME THE SERVICES ARE RENDERED. Upon request we will gladly provide you with a written estimate. To help keep our services affordable, it is not our policy to bill our clients. We do understand that in the event of an emergency or costly procedure, funds may not be immediately available. In such cases and in order to ensure proper and thorough treatment, we do accept several methods of payment and reserve the right to make financial arrangements. However, any financial arrangements must be made prior to your pet's treatment. I have read the above and assume responsibility for all charges in the care of my animal. I also understand that these charges will be paid in full at the time of release and/or services rendered. I authorize treatment of my pet by the staff and doctors of Carbon County Veterinary Hospital and confirm that I am at least 18 years of age.

*Today's payment will be:

Cash Visa MasterCard Discover CareCredit
 Check. We will also honor a personal check if the following information is provided using the CrossCheck, Inc. system. There will be a \$30.00 service charge for any check returned unpaid.

Signature of Owner or Authorized Agent

Date

"Taking Care of All God's Creature's"