



RIDGEFIELD PARK
— animal hospital —

WELCOME!

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

REGISTRATION

(All starred* lines are required)

Date: _____

*Owner _____ *Social Security Number _____

*Address _____ *City _____ *State _____ *Zip _____

*Primary Phone _____ *Cell Phone _____ Work Phone _____

Spouse _____ Emergency Contact _____ Phone _____

*Email _____ *Are you considered a Senior Citizen? Yes No

How did you learn about our hospital? Internet Recommendation by _____ Other _____

PET HEALTH HISTORY

*Name of Pet _____ *Please Select One: Dog Cat Other _____

*Breed _____ *Color _____ *Birth Date _____
(approximate age if birth date unknown)

*Please Select One: Male Neutered Female Spayed

Name of Previous Animal Hospital _____
(Please provide proof/records of vaccinations and any pertinent medical history)

Please check any of the following symptoms or problems that you have noticed about your pet:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Breathing Trouble | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Red/Watery Eyes | <input type="checkbox"/> Strange Behavior |
| <input type="checkbox"/> Bloody Stool | <input type="checkbox"/> Growths | <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Scooting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Limping | <input type="checkbox"/> Shaking Head | |
| <input type="checkbox"/> Excessive Itching | <input type="checkbox"/> Not Eating/Drinking | <input type="checkbox"/> Sneezing | |

AUTHORIZATION

I hereby authorize Dr. Kim and the staff of Ridgefield Park Animal Hospital to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that charges will be paid at the time of release and that a deposit will be required for surgical treatment. It is also agreed that if I do not pay this account as agreed that past due accounts are subject to all reasonable collection costs, including collection agency and/or attorney's fees and any service charges for account over 60 days old equal to 1.50% per month which is an APR of 18%.

Signature of Owner _____ Date _____

PHOTO CONSENT (Optional)

This form is for the use of publishing pictures of your pet(s) on our business social media. I hereby grant Ridgefield Park Animal Hospital permission to use any photographs taken of myself or my pet, in an all publications, including social media, without payment or other compensation. I understand and agree that these materials become property of the Ridgefield Park Animal Hospital and I so authorize to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing their programs. I understand the employees will be taking pictures with my pet(s) for business social media use only. In signing this consent, I give authorization to use my pet's name as printed below and that my pet(s)' nametag will not be shown.

Signature of Owner _____ Date _____