



4960 Camden Avenue  
 San Jose, CA 95124  
 408.265.2200 Phone  
 408.265.3448 Fax

**New Client Registration Form** Chart #: \_\_\_\_\_

Thank you for making us Your Neighborhood Veterinarian. We are happy to be your partners in the care of your pet's health. To help us get to know you and your pet, please fill out the following information:

Date \_\_\_\_\_

**Owner Information (Please print)**

Your name \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. \_\_\_\_\_

Street \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address\* \_\_\_\_\_

\*To serve the purpose of future vaccination and appointment reminders ONLY.\*

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Who else is responsible for your pet?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address\* \_\_\_\_\_

\*To serve the purpose of future vaccination and appointment reminders ONLY.\*

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**How did you hear about Camden Pet Hospital? Please check one.**

Hospital Sign     Yellow Pages     Internet     Individual (who can we thank?) \_\_\_\_\_

Other: \_\_\_\_\_

**Former Veterinary Practice and/or Vaccine Clinic:** \_\_\_\_\_

**Pet #1**

Name of pet \_\_\_\_\_  Dog     Cat     Other : \_\_\_\_\_

Male / Female: Spayed/neutered/unaltered (please check one) Birthdate/Age: \_\_\_\_\_ Microchip?  YES     NO

Breed: \_\_\_\_\_ Color / Markings \_\_\_\_\_

Acquired From \_\_\_\_\_

**Pet #2**

Name of pet \_\_\_\_\_  Dog     Cat     Other : \_\_\_\_\_

Male / Female: Spayed/neutered/unaltered (please check one) Birthdate/Age: \_\_\_\_\_ Microchip?  YES     NO

Breed: \_\_\_\_\_ Color / Markings \_\_\_\_\_

Acquired From \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

**Professional fees are to be paid at time services are rendered.**

We honor MasterCard, Visa, Discover, Debit, and cash. No personal checks accepted. All balances carried at Camden Pet Hospital will be charged a monthly service charge on all accounts over 30 days with a 1.50% per month which is an annual percentage rate of 18.0%.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_