



# INDIAN TRAIL ANIMAL HOSPITAL

160 Corporate Blvd., Indian Trail NC  
(704)821-7040 Fax: (704)821-4692

## NEW PET REGISTRATION

*PLEASE PRINT CLEARLY*

*MUST BE AT LEAST 18 YEARS OLD*

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Preference (Please Mark 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preference) Phone Call ( ) Text Message ( ) Email ( )

Employer's Name \_\_\_\_\_ Co-Owners Cell Phone # \_\_\_\_\_

Employers Phone # \_\_\_\_\_ Co-Owner's Employers name \_\_\_\_\_

Co-Owners Employer's Phone # \_\_\_\_\_

Referred By: Client (Name) \_\_\_\_\_ Staff Member (Name) \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Male Neutered \_\_\_\_\_ Male Unneutered \_\_\_\_\_

Breed \_\_\_\_\_ Female Spayed \_\_\_\_\_ Female Unspayed \_\_\_\_\_

Color \_\_\_\_\_ Unusual Markings \_\_\_\_\_

Does your pet have a tattoo or microchip? Yes \_\_\_\_\_ No \_\_\_\_\_ Registration # \_\_\_\_\_

Previous Veterinarian(s) where past records may be obtained \_\_\_\_\_

Has your pet been treated for any illness in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

List any medications your pet is currently taking \_\_\_\_\_

List any surgeries your pet has had \_\_\_\_\_

**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 SURGICAL TREATMENT. I ALSO GRANT YOUR VETERINARY HOSPITAL PERMISSION TO POST MY PET'S PICTURE, STORY, AND MEDICAL INFORMATION ON SOCIAL MEDIA.**

Owner / Responsible Party Signature \_\_\_\_\_

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