

Canton Animal Hospital *On Line* Registration
198 Albany Turnpike (Route 44)
Canton, CT 06019
(860) 693 - 9300

Thank you for choosing to trust us with your loved ones.
So that we may better serve you, please provide the requested information.

Pet owner's name(s) _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cellular Phone(s) _____ / _____

E-mail Address(es) _____

Employer's name(s) & address(es) _____

Work telephone(s) _____

How did you hear about us? Please circle one and be as specific as you can.....

1. Friends recommendation. Please allow us to thank them _____
2. Internet / web site
3. Location or Sign
4. Television
5. Town telephone book _____
6. *Transwestern* "Northwest Corner" telephone book
7. Yellow pages (*SBC*) (Greater Hartford / Northwest Hartford Suburban / Greater Litchfield Hills)
8. Other advertising _____

Driver's License Number (for personal checks): _____

Pet Health Insurance Company _____

I understand that all charges are to be paid at the time services are rendered, or at discharge, and that a deposit is required for inpatient services. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

X _____ **date** _____
(owner or owner's agent)

Pet Vital Information

1. Pet's name _____ Date of Birth _____

Species _____ Breed _____ Color _____

Sex: M/F Neutered: Y/N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

2. Pet's name _____ Date of Birth _____

Species _____ Breed _____ Color _____

Sex: M/F Neutered: Y/N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

3. Pet's name _____ Date of Birth _____

Species _____ Breed _____ Color _____

Sex: M/F Neutered: Y/N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

4. Pet's name _____ Date of Birth _____

Species _____ Breed _____ Color _____

Sex: M / F Neutered: Y / N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

5. Pet's name _____ **Date of Birth** _____

Species _____ Breed _____ Color _____

Sex: M / F Neutered: Y / N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

6. Pet's name _____ **Date of Birth** _____

Species _____ Breed _____ Color _____

Sex: M / F Neutered: Y / N Microchip? Tattoo? _____

Last veterinary visit _____ Last veterinarian _____

List any major medical problems or medications this pet has now or has had in the last 6 months:

Please add additional pages as necessary to include all your menagerie!