

# Troy Animal Hospital/ Bird Clinic

34 S. Weston Rd. Troy, Ohio 45373  
(937) 335-8387 ♦ info@troyanimalhospital.com



## New Client Registration

Owner: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer's Name: (owner) \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Employer's Name: (spouse) \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ (for coupons and promotions from Troy Animal Hospital )  
 I would like to be signed up for a Pet Portal to access my pet/pets information online.

How did you hear about our hospital? Yellow pages  Returning Client  Sign/Location   
Newspaper  Internet/Website  Val Pak  Other Vet  Friend  \_\_\_\_\_

## Pet Information

**Pet's Name:** \_\_\_\_\_ Dog  Cat  Other  Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Sex: Male  Female  Spayed  Neutered   
**Pet's Name:** \_\_\_\_\_ Dog  Cat  Other  Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Sex: Male  Female  Spayed  Neutered   
**Pet's Name:** \_\_\_\_\_ Dog  Cat  Other  Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Sex: Male  Female  Spayed  Neutered

Previous vet where records can be obtained if needed: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME OF SERVICES UNLESS CREDIT HAS BEEN APPROVED.**

To establish credit, I hereby give Troy Animal Hospital/Bird Clinic, now or in the future, authorization to access my credit history through a local or national credit reporting agency.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_