



**HAMPDEN  
FAMILY  
PET  
HOSPITAL**  
**NEW CLIENT REGISTRATION**  
(Please complete entire page)

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Miss  Ms.  Mrs  Mr. & Mrs.  Mr.  Dr.

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Best time to call \_\_\_\_\_  Home  Work

Emergency phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Drivers License \_\_\_\_\_

Co-Owner \_\_\_\_\_ Relationship \_\_\_\_\_ Co-Owner's phone \_\_\_\_\_

Previous veterinarian, where we can access previous medical records \_\_\_\_\_

How did you first hear about us?  Friend or Relative  McCloud Yellow Pages  
 Qwest Dex Large Book  Driving by, saw sign  
 Qwest Dex Small Area  Other, please specify \_\_\_\_\_

If you were referred by a friend/relative, whom may we thank? \_\_\_\_\_

| Pet Name | Sex  | Species   | Breed | Color | Date of Birth | Last Vaccinations |
|----------|--|---|-------|-------|---------------|-------------------|
|          | <input type="checkbox"/> Intact Male<br><input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Intact Female<br><input type="checkbox"/> Spayed Female | <input type="checkbox"/> Dog<br><input type="checkbox"/> Cat<br><input type="checkbox"/> Other(below) _____ |       |       |               |                   |
|          | <input type="checkbox"/> Intact Male<br><input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Intact Female<br><input type="checkbox"/> Spayed Female | <input type="checkbox"/> Dog<br><input type="checkbox"/> Cat<br><input type="checkbox"/> Other(below) _____ |       |       |               |                   |
|          | <input type="checkbox"/> Intact Male<br><input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Intact Female<br><input type="checkbox"/> Spayed Female | <input type="checkbox"/> Dog<br><input type="checkbox"/> Cat<br><input type="checkbox"/> Other(below) _____ |       |       |               |                   |
|          | <input type="checkbox"/> Intact Male<br><input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Intact Female<br><input type="checkbox"/> Spayed Female | <input type="checkbox"/> Dog<br><input type="checkbox"/> Cat<br><input type="checkbox"/> Other(below) _____ |       |       |               |                   |

Thank you for taking the time to complete this registration.

Payment is due when services are rendered.



## PAYMENT POLICY AND AGREEMENT

Thank you for choosing us as your pet's health care provider. Our intent is to give the best possible care for your pet. Please read the following with regard to our payment policies:

**I accept full financial responsibility and agree to pay all charges incurred, in full, at the time of services rendered or supplies distributed. I understand that Hampden Family Pet Hospital does not offer payment plans.**

Initial here \_\_\_\_\_

Hampden Family Pet Hospital accepts: Visa, MasterCard, Discover, American Express, Debit cards, Checks, Cash, and Care Credit for payment. **All checks are run electronically and require a valid driver's license be shown.**

Initial here \_\_\_\_\_

It is your responsibility to obtain and submit a claim with your insurance company for reimbursement on services rendered at Hampden Family Pet Hospital, P.C.

Initial here \_\_\_\_\_

I understand that all returned checks will be charged a \$27.50 handling fee. The full amount of any outstanding balance will be due in 15 days from the written notice to prevent a civil action for three times the face amount of the check, but not less than one hundred dollars and that, in such civil action, the court may award court costs and reasonable attorney's fees.

Initial here \_\_\_\_\_

**Hampden Family Pet Hospital's appointment cancellation and no show policy:**

For consideration of the staff and other animals in need of medical treatment, cancellations must be made 24 hours in advance of appointment, and the client is allowed two (2) missed appointments without charge. Any additional missed appointment(s) will result in a \$55.00 exam charge.

Initial here \_\_\_\_\_

Hampden Family Pet Hospital does provide estimates for dental and surgical procedures prior to those procedures. Estimates are valid for 30 days. Prices are subject to change without notification.

Initial here \_\_\_\_\_

I, the undersigned, have read and understand the above policy and agreement and hereby consent to the above.

SIGNATURE OF THE RESPONSIBLE PARTY:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Pet's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Monthly Parasite Prevention Form

Roundworms and hookworms are the most common intestinal parasite of pets and the most likely to be transmitted to humans. Humans can accidentally ingest infective worm eggs that have been passed through the pet's feces and left in the environment. The eggs can then hatch in the human's intestinal tract. The immature worms can travel to various tissues in the body, including the eyes and brain, potentially causing serious infections and even blindness. Children, women who are pregnant, or any individual who is immunosuppressed are at increased risk.

The Companion Animal Parasite Council, and therefore this practice, recommends monthly parasite prevention and twice-yearly fecals for your pets. After reading the above statement regarding preventative care, please initial one of the following:

\_\_\_\_\_ I choose to place my cats and/or dogs on monthly preventative care as recommended by my veterinarian.

\_\_\_\_\_ I decline placing my cats and/or dogs on monthly preventative care and in doing so, I do not hold Hampden Family Pet Hospital, its doctors, or staff liable for any zoonotic infections resulting from NOT placing my pet(s) on year-round preventative care.

Print name: \_\_\_\_\_

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

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

Pet's Name(s): \_\_\_\_\_

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