

ELLISON DRIVE ANIMAL HOSPITAL
&
POTRANCO VETERINARY CLINIC
NEW PET REGISTRATION FORM

Owner's Name: _____ Co-Owner/Spouse: _____

Address: _____

City, State _____ Zip Code _____ Phone # _____

Email Address to receive your pet's reminders (REQUIRED) _____

Please list an emergency contact other than yourself:

Name _____ Phone Number _____

Are you Military? _____

Previous Vet where past records could be obtained _____

(If you have an electronic copy please email them to ellisondrive@edahpvc.com)

Patient's Name _____ Species: Dog Cat Other

Sex: Male Neutered Unneutered
Female Spayed Unspayed

Breed _____ Color _____ DOB _____

How long have you owned your Pet? _____ What pet insurance do you have? _____

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

Do you Consent to photos of your pets on Social Media Yes No

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are to be paid at the time of release and that a deposit will be required prior to treatment.

Owner or Responsible Party: _____ Date: _____