
Registration Form

Date: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ Referred by: _____

Co-owner Name: _____

Home #: _____ Cell #: _____ Work #: _____

Pet Information

Occasionally when your pet is in our office, we may photograph them. Photographs may be used on our social media sites or for marketing purposes unless you state otherwise.

Name: _____

Date of Birth: _____ Breed: _____ Color: _____

Species: Cat Dog Sex: Male Female Spayed/Neutered

Name: _____

Date of Birth: _____ Breed: _____ Color: _____

Species: Cat Dog Sex: Male Female Spayed/Neutered

Payment Responsibilities

I agree to assume the payment responsibility for all charges incurred for animals presented for care to Genito Animal Hospital by a representative or myself. I also understand that these charges will be paid at the time of discharge and that a deposit may be necessary for hospitalization. Genito Animal Hospital's payment options are: Visa, Mastercard, Discover, American Express, CARE credit, or cash. **WE DO NOT ACCEPT CHECKS.**

Signature of Owner/Agent: _____