



# BUSTILLO ANIMAL HOSPITAL & HOUSE CALL VETERINARY EMERGENCY SERVICE

ADMISSION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## OWNER/PATIENT REGISTRATION:

*Thank you for giving us the opportunity to care for your pet(s). Please print and complete ALL information.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
( To be verified by receptionist )

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

### How did you first hear of our service?

Hospital Sign  Yellow Pages  Prior Client  Internet  Other \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: -  Feline  Canine

Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Birth date / Age: \_\_\_\_\_ Sex: -  Male  Female  Neutered (Male)  Spayed (Female)

Previous Doctor's Name / Animal Clinic: \_\_\_\_\_

Previous Medical History / Vaccines: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species -  Feline  Canine

Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

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Previous Doctor's Name / Animal Clinic: \_\_\_\_\_

Previous Medical History / Vaccines: \_\_\_\_\_

**SORRY, WE DO NOT ACCEPT CHECKS!** We accept cash and major credit cards

All fees are due at the time that the patient is released. On your request, we will provide you with a written estimate of fees for any case: hospital treatment, emergency care, surgery, or hospitalization. A DEPOSIT IS REQUIRED prior to treatment. I hereby agree that should this account be referred to an agency or attorney for collection, I will be responsible for all collection costs, attorney's fees, and court costs. If not given a 24 hrs notice of appt cancellation, a \$45 charge will be charged to your credit card on file. We are dependant upon your fees to maintain our high quality of patient care. The Hospital does not extend credit (bill) and you are responsible for all fees and products for services rendered. There is an urgent examination fee of \$100 for pets without an appointment. A deposit will be required prior to initial treatment and you authorize us to bill your credit card for any balance remaining.

\_\_\_\_\_  
**Signature: Owner / Authorized Agent**

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