NEW CLIENT REGISTRATION FORM

(Please Print Clearly)					
Today's date:			CID #:		
CLIENT INFORMATION					
Last name:	First:		❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Dr.		
Spouse Last name:	Spouse First name:		Cell phone 1:	Cell phone 2:	
Street address:			Home phone:	Fax: #:	
City:	State:	ZIP Code:	Email: (for clinic use only – newsletters, notices, etc)		
Employer:			Work phone:		

How did you hear of us? Please be specific so we know who to thank!

❑ Friend/Relative _____

❑ Veterinarian referral _____

❑ Pet Store _____

❑ Other _____

❑ Yellow Pages (Verizon, Yellow Book, BellSouth) (please circle one)

❑ Breeder _____

❑ Advertisement _____

NEW PATIENT REGISTRATION

Name	Type of Bird or Animal	Sex (if known)	Age	Here today for: (please check where applicable)			
				Wellness Medical	Problem Medical	Grooming: Wings Nails	Other: (please describe)
		❑ Unkn ❑ Male ❑ Female		❑	❑	❑ ❑	
		❑ Unkn ❑ Male ❑ Female		❑	❑	❑ ❑	
		❑ Unkn ❑ Male ❑ Female		❑	❑	❑ ❑	

AUTHORIZATION AGREEMENT

I hereby authorize The Bird & Exotic Hospital to examine, prescribe for, or treat the pet(s) listed above. I am the legal owner or the representative of the legal owner of the animal(s) being presented for care and I am over the age of 18 years. Every attempt is made to be as accurate as possible when estimating the cost of care; however I understand the final bill may be different from an estimated amount. I am responsible for requesting clarification and/or confirmation of costs for any treatment(s)/service(s) recommended before they are performed. I assume responsibility for all charges incurred and I understand that payment in full is due at the time services are rendered. The Bird & Exotic Hospital accepts cash, personal checks, and major credit cards; proper identification is required.

I authorize The Bird & Exotic Hospital to request copies of medical records from other veterinary clinics or send copies of medical records to other veterinary clinics as deemed necessary for the above listed pet(s).

Signature:	*Date:*