

**WELCOME TO HAWKS PRAIRIE VETERINARY HOSPITAL**  
**REGISTRATION**

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take a few moments to fill in this form completely so that we may get to know you and your pet better.

Owner: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

May we contact you at work  YES  NO **if no do not provide #**

Work Number: \_\_\_\_\_

Spouse's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Email address \_\_\_\_\_ (for hospital use only)

**Would you prefer to be contacted by phone \_\_\_\_\_ or Email \_\_\_\_\_**

**DO YOU QUALIFY?** Military-Active/Retired \_\_\_\_\_ Senior citizen 60yrs. + \_\_\_\_\_  
(If so please have I.D ready for verification)

**Pet Health History**

**Do you want our clinic to send Vaccine reminders for your pets?** Yes \_\_\_\_\_ NO \_\_\_\_\_

**Previous Veterinarian contact info:** \_\_\_\_\_

#1 Pet's Name: _____	Species (Dog/Cat/Other) _____
Breed: _____ (cats: DLH, DMH, DSH)	Sex: _____
Spayed or neutered? _____	Date of Birth:(AGE) _____
Color: _____	<u>Microchipped?</u> Y N

#2 Pet's Name: _____	Species (Dog/Cat/Other) _____
Breed: _____ (cats: DLH, DMH, DSH)	Sex: _____
Spayed or neutered? _____	Date of Birth:(AGE) _____
Color: _____	<u>Microchipped?</u> Y N

#3 Pet's Name: _____	Species (Dog/Cat/Other) _____
Breed: _____ (cats: DLH, DMH, DSH)	Sex: _____
Spayed or neutered? _____	Date of Birth:(AGE) _____
Color: _____	<u>Microchipped?</u> Y N

How did you learn of our clinic? \_\_\_\_\_

**WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:**  
**VISA, MASTERCARD, CARE-CREDIT, CHECK & CASH**

**For Office use:** Client # \_\_\_\_\_ Sent T/U \_\_\_\_\_