



Obetz Animal Hospital

3999 Alum Creek Dr
Columbus, OH 43207
614-491-5676
www.obetzah.com

New Client Registration

(Please use one form per pet)

Owner Information

Last Name:	First Name:		
Co-owner Last Name:	Co-owner First Name:		
Address:			
City:		State:	Zip:
E-Mail Address:	Home Phone:		
Employer:	Work Phone:		
Co-Owner Employer:	Co-Owner Work Phone:		
Emergency Contact Name/Phone Number:			
How were you referred to us?			

Pet Information

Name:	Breed:	M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Birth Date:
Color/Markings:		Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current on Vaccines: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your pet on any medications or special food? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please describe				

Payment is due at the time services are rendered. We accept: cash, VISA, Mastercard, Discover, and Care Credit.

We are not staffed 24 hours a day. After hours care is available at the closest emergency hospital.

Federal Law prohibits the dispensing of certain medications without a current exam or prescription.

I have read and fully understand the above statements. I assume full responsibility for all charges incurred in the care of said animal(s). I also understand that payment will be made at the time of release and that a deposit may be required prior to any treatment.

Signature of owner or responsible party _____