

CAPEWAY VETERINARY HOSPITAL

171 Bridge Street – Fairhaven, MA 02719
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WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank You!

REGISTRATION

TODAY'S DATE _____		
OWNER'S NAME _____		
SPOUSE/OTHER _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
HOME PHONE _____	WORK PHONE _____	
CELL PHONE _____	OTHER _____	
DRIVER'S LICENSE # _____	STATE ISSUED _____	DATE OF BIRTH _____
E-MAIL _____		
EMPLOYER'S NAME _____		
EMPLOYER'S ADDRESS _____		

Would you like to receive reminders by? Mail E-Mail Both Mail & E-Mail

Where did you hear about us?

- I was recommended to you by _____
- Hospital Sign / Drive By Yellow Pages / Phone Book Internet Search Engine (Google, Yahoo, etc...)
- Yelp.com Facebook Other _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. In the event that the account should become delinquent, I hereby acknowledge that I will be responsible for all fees (interest, court costs, and/or responsible attorney fees) and agree to pay the balance.

Signature of owner: _____ Date: _____

We do not bill, but for your convenience we do accept cash, checks, Visa, MasterCard, Discover, American Express, and Care Credit.