

**PATIENT REGISTRATION AND MEDICAL HISTORY**

**AVIAN AND EXOTIC PET CLINIC OF ROANOKE**

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3959 Electric Road, Suite 155, Roanoke, VA 24018  
Telephone: (540) 989-4464

I agree to have my pet's  
vaccinations updated, if  
needed upon hospital  
admission. X \_\_\_\_\_

Date: \_\_\_\_\_

**REGISTRATION**

**Owner Name:** \_\_\_\_\_ **SS#:(Optional)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Driver's License #:(Required)** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Date of Birth (Required)** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact (other than spouse)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How did you learn of our clinic?  Phone Book  Referral: *(by who)* \_\_\_\_\_

On-line  Other: *(describe)* \_\_\_\_\_

Number of Pets in household:

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Reptiles \_\_\_\_\_ Rabbits/Rodents \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Name of Pet** \_\_\_\_\_ **Species of Pet** \_\_\_\_\_

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birth-date** \_\_\_\_\_

Male  Neutered  Female  Spayed

**Vaccination History (Date &Type of last vaccines and/or previous Veterinary Clinic name and phone#, if applicable)** \_\_\_\_\_

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I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal(s). *I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and/or in-hospital treatment.* I am aware that full payment is due at time service is rendered. I also am aware that *24 hour notice is required for all rescheduled or canceled appointments* or a cancellation fee may be incurred, and that I may receive *a late arrival fee* or be asked to reschedule the appointment for another day if arriving more than 10 minutes late for a scheduled appointment.

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_