

NEW PATIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Spouse _____ Cell Phone _____

Work Phone _____ Email _____

Employer _____ How did you hear about us? _____

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our [Patient Privacy Policy](#)

PET INFORMATION

Pet's Name _____ Age/DOB _____ Dog / Cat / Other _____

Breed _____ Color _____ Male/Neuter Female/Spay

All payments are required at the time of discharge.

We accept cash, checks, all major credit cards & Care Credit which can be approved in as little as 10 minutes.

I have read and understand the above statements and agree to all terms therein.

Pet Restraint Policy

For legal and safety reasons, it is AAAH's policy that a trained staff member or veterinarian will restrain your pet during any/all exams, testing and procedures being performed. It is a non-waiving policy. Owners, children, family members, friends, or caretakers MAY NOT hold or restrain their own pet while an exam is being performed. Please do not place your face or hands near an animal's face during an exam, even if you think you are calming or helping your pet. Rarely we may require a muzzle restraint for an aggressive pet. This is for the safety of the staff and veterinarian as well as that of the pet to receive a thorough exam. If you perceive your pet to be anxious or stressed before beginning an exam, a suitable calming medication may be given orally or by an injection. The health and safety of our staff, clients, and our patients is of the most importance. We will use all/any precautions to ensure this. Thank you for your understanding.

Signature: _____ Date: _____