



Vista Hills Animal Hospital, LLC

398 S. Emerson Ave. Greenwood, IN. 46143

Phone: 317-851-5000/Fax: 317-851-4164



Client Registration

Today's Date: _____ How did you hear about us? _____

Client:

Owner Name: _____

Spouse _____ Partner _____ Co-owner: _____ Name: _____

Street Address: _____ Apt #: _____

City/ State: _____ Zip Code: _____

Telephone: 1) _____ 2) _____

Email: _____ Employer: _____

Previous Veterinarian: _____ Location: _____

Emergency Contact: _____ **Telephone:** _____

Pets:

Pet Name: _____ **Breed:** _____ **Color:** _____

Female _____ Spayed?: Yes _____ No _____ **Male** _____ Neutered?: Yes _____ No _____

Date of Birth or Age: _____ Vaccines Current? Yes _____ No _____

Vaccine/Medication reactions: _____ Allergies: _____

Chronic Diseases: _____

Pet Name: _____ **Breed:** _____ **Color:** _____

Female _____ Spayed?: Yes _____ No _____ **Male** _____ Neutered?: Yes _____ No _____

Date of Birth or Age: _____ Vaccines Current? Yes _____ No _____

Vaccine/Medication reactions: _____ Allergies: _____

Chronic Diseases: _____

Pet Name: _____ **Breed:** _____ **Color:** _____

Female _____ Spayed?: Yes _____ No _____ **Male** _____ Neutered?: Yes _____ No _____

Date of Birth or Age: _____ Vaccines Current? Yes _____ No _____

Vaccine/Medication reactions: _____ Allergies: _____

Chronic Diseases: _____

Photography Release

I grant to **Vista Hills Animal Hospital, LLC**, its representatives, and employees the right to take photographs of my pet and to use for any lawful purpose including copyrighting and publishing the same in print and/or electronically for such purposes as publicity, illustration, advertising, and Internet content.

The above **MAY** take photos of my pet The above **MAY NOT** take photos of my pet

Signature: _____