



County Line Veterinary Hospital  
325 W County Line Rd, Hatboro, PA 19040  
Ph: 215-675-0533  
Email: staff@countylineveterinary.com

## **Registration Form**

<b>Owner's Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Primary Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Landline	
<b>Email:</b>	
<b>Emergency Contact:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Landline	
<b>Name &amp; Relationship:</b>	

<b>Alternate Contact:</b>	
<b>How did you hear about our practice?</b>	

<b>Pet's Name:</b>	
<b>Species? (Dog / Cat):</b>	
<b>DOB / Approx Age:</b>	
<b>Sex? Spayed/Neutered?</b>	
<b>Breed:</b>	
<b>Color:</b>	
<b>Do you have records?</b>	
<b>Primary/Previous Vet Name?</b>	

***If you have any records for your pet then please email copies to County Line Veterinary Hospital at Staff@CountyLineVeterinary.com***

**Has your pet ever had any adverse reaction to any medications, vaccinations, or other medical procedure?**

☐ **No**      ☐ **Yes** (if yes, please explain below)


**Please list all medical concerns, and the reason for your visit:**


Is your pet currently on any medications? (If yes, please list name of drug, dosage and frequency given):


Please specify your pet's current diet, including any dietary restrictions (food allergies):


Has your pet ever shown any behavioral concerns (such as anxiety, reactivity, aggression, or biting) that we should be aware of?

**If your pet has shown any aggression towards other pets before, please call us from the parking lot so we can help you get settled comfortably.**


*I attest that I am the owner/owner's agent authorized to make all medical decisions of the care of the animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and a deposit may be required for all medical treatments, hospitalization, and surgical services. Furthermore, I understand that all medical records for this pet are owned solely by and considered property of the hospital, and therefore, cannot be released to any other party without my consent. I assume responsibility for all charges associated with copying, faxing, or distributing this pet's medical history.*

**Signature:**

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

\_\_\_\_\_