

Please fill out this form for each additional pet you wish to register at our facility.

**NORTH HALEDON VETERINARY CARE**

**ADDITIONAL PET REGISTRATION FORM**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Sex \_\_\_\_\_ Neutered(Y/N) \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Prior Illness or Treatments \_\_\_\_\_

Previous Veterinarian (if any) \_\_\_\_\_

I assume financial 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 that a deposit may be required prior to treatment.

**Owner or Responsible Party Signature:** \_\_\_\_\_