

Troy Animal Hospital/ Bird Clinic

34 S. Weston Rd. Troy, Ohio 45373
(937) 335-8387 ♦ info@troyanimalhospital.com



New Client Registration

Owner: _____ Spouse/Other: _____
Social Security #: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip _____
Home Telephone: _____ Cell Phone: _____
Employer's Name: (owner) _____ Work Telephone: _____
Employer's Name: (spouse) _____ Work Telephone: _____
Emergency Contact: _____ Telephone: _____
Email: _____ (for coupons and promotions from Troy Animal Hospital)
 I would like to be signed up for a Pet Portal to access my pet/pets information online.

How did you hear about our hospital? Yellow pages Returning Client Sign/Location
Newspaper Internet/Website Val Pak Other Vet Friend _____

Pet Information

Pet's Name: _____ Dog Cat Other Breed: _____
Color: _____ Date of Birth/Age: _____ Sex: Male Female Spayed Neutered
Pet's Name: _____ Dog Cat Other Breed: _____
Color: _____ Date of Birth/Age: _____ Sex: Male Female Spayed Neutered
Pet's Name: _____ Dog Cat Other Breed: _____
Color: _____ Date of Birth/Age: _____ Sex: Male Female Spayed Neutered

Previous vet where records can be obtained if needed: _____

ALL FEES ARE DUE AT THE TIME OF SERVICES UNLESS CREDIT HAS BEEN APPROVED.

To establish credit, I hereby give Troy Animal Hospital/Bird Clinic, now or in the future, authorization to access my credit history through a local or national credit reporting agency.

Date: _____ Signature: _____