

**Canton Animal Hospital *On Line* Registration**  
**198 Albany Turnpike (Route 44)**  
**Canton, CT 06019**  
**(860) 693 - 9300**

***Thank you for choosing to trust us with your loved ones.  
So that we may better serve you, please provide the requested information.***

Pet owner's name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cellular Phone(s) \_\_\_\_\_ / \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Employer's name(s), address(es), work telephone(s) \_\_\_\_\_

**How did you hear about us? Please circle one and be as specific as you can.....**

1. Friends recommendation. Please allow us to thank them \_\_\_\_\_
2. Internet / web site
3. Location or Sign
4. Television
5. Town telephone book \_\_\_\_\_
6. *Transwestern* "Northwest Corner" telephone book
7. Yellow pages (*SBC*) (Greater Hartford / Northwest Hartford Suburban / Greater Litchfield Hills)
8. Other advertising \_\_\_\_\_

Driver's License Number (for personal checks): \_\_\_\_\_

Pet Health Insurance Company \_\_\_\_\_

**I understand** that all charges are to be paid at the time services are rendered, or at discharge, and that a deposit is required for inpatient services. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

**X** \_\_\_\_\_ **date** \_\_\_\_\_  
(owner or owner's agent)

## Pet Vital Information

1. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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2. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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3. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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4. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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5. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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6. **Pet's name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Neutered: Y / N Microchip? Tattoo? \_\_\_\_\_

Last veterinary visit \_\_\_\_\_ Last veterinarian \_\_\_\_\_

List any major medical problems or medications this pet has now or has had in the last 6 months:

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Please add additional pages as necessary to include all your menagerie!