



4585 Weston Road, Weston, FL 33331 Phone: (954) 389-5656 Fax: (954) 954-385-8655

Email: westonroadanimalh@gmail.com Website: westonroadanimalhospital.com

Owner Name _____ Spouse Name _____

Occupation _____ Spouse Occupation _____

Address _____ apt# _____ City/Zip _____

Phone Numbers HOME _____ Spouse Phone Numbers WORK _____

WORK _____ CELL _____

CELL _____ OTHER _____

E-MAIL ADDRESS _____

Please circle where you first heard about us: Friend (who?) _____
Drove By _____ Yellow Pages: _____ Other: _____

**PLEASE FILL OUT REGISTRATION FORM AS COMPLETELY AS POSSIBLE
THIS HELPS US WITH THE CARE OF YOUR PET.**

ANIMAL INFORMATION

Name: _____ DOB(age) _____ Species: _____

Age At Acquisition: _____ Color/Identifying Marks: _____

Where Acquired: _____ Date Acquired: _____

Band ID# _____ Microchip# _____ Wings clipped Y/N

Captive Born Y/N Wild Caught Y/N SEX – M/F DNA /Surgical

CAGE/ENCLOSURE INFORMATION

Dimensions & Type: _____

How often is cage cleaned? _____ What is cage cleaned with? _____

Bedding? _____ Toys? _____

Perches? _____ Where is cage located? _____

Other CageAccessories: _____

CONTINUED ON THE BACK

How much time is spent out of the cage: _____ Cage Mate(s): _____

Does the bird have exposure to natural sunlight Y / N.

How much time is spent with the bird per day? _____

DIET

Type/Portions (list everything) _____

Supplements/How often given: _____

How often is food & water changed? _____

What are they cleaned with & how often? _____

OTHER INFORMATION

Previous veterinarian(s)/ Phone Number(s): _____

Previous Medical Problem(s): _____

Other Pets/Birds: _____

Has your bird come in contact with another bird recently? _____

CURRENT MEDICAL PROBLEM

Duration of current Problem: _____

Has treatment been attempted for this problem (what/when): _____

Method of payment today: Cash _____ Credit Card _____

We only accept cash or credit card.

ARE YOU OVER 18 YEARS OLD? NO / YES

Fees are due as services are rendered. I understand a deposit is required for in hospital treatment. I understand that I am responsible for payment of all charges incurred for the treatment of my pet(s) and all fees including but not limited to bank charges, collection agency, attorney and/or court cost should my account become delinquent. I understand and agree to the above policy as long as my pet(s) are treated at Weston Road Animal Hospital.

CLIENTS SIGNATURE

MUST BE 18YRS. OR OLDER TO SIGN!

ID# _____ Xray# _____