



PET  
DENTAL  
CENTER

## **REGISTRATION FORM**

Thank you for choosing the Pet Dental Center for your pet's oral healthcare. Please fill out the form below and return by fax (800-915-6250) or email (records@petdental.center) prior to your appointment.

### **Pet Owner Information**

Owner's Name: _____	Cell Phone #: _____		
Spouse/Co-Owner's Name: _____	Cell Phone #: _____		
Home Phone #: _____	Work Phone #: _____		
Street Address: _____			
City: _____	State: _____	Zip: _____	Apt#: _____
Email Address: _____		Driver's License# _____	
How did you hear about us? _____			

### **Pet Information**

Pet's Name: _____	Dog: <input type="checkbox"/>	Cat: <input type="checkbox"/>	Breed: _____	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Neutered/Spayed: <input type="checkbox"/>	Age/D.O.B. _____	Color: _____
Family Veterinarian: _____		Phone #: _____		
Name of Hospital: _____				



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Reason for Bringing Your Pet to Pet Dental Center: \_\_\_\_\_

Home Dental Care: \_\_\_\_\_

Previous Professional Dental Care (include dates): \_\_\_\_\_

Past Medical History (please list all major past illnesses with dates): \_\_\_\_\_

Current Medications (include dose): \_\_\_\_\_

Diet: \_\_\_\_\_ Treats/Chews: \_\_\_\_\_

I am the owner of the above pet or am acting as an agent for the owner. I authorize Pet Dental Center to send medical records to my general care veterinarian and/or a veterinarian I have been referred to. I understand that a deposit is required to schedule a procedure appointment and that I am only entitled a refund if the appointment is cancelled at least 48 hours prior to surgery. I assume full responsibility for all charges incurred in the care of this pet and that full payment will be due at the time the services are rendered or at release of the pet. I understand that a deposit equal to the low end of the estimate will be due prior to hospitalization or procedure and that follow up care may result in additional charges. **Methods of payment include:** Cash, Visa, Master Card, American Express, Discover, **NO CHECKS**. CareCedit™ is a convenient, easy monthly payment plan. CareCredit™ allows you to begin treatment immediately and pay over time INTEREST FREE. [www.carecredit.com](http://www.carecredit.com) Ask our team for more information.

I grant to Pet Dental Center, its representatives and employees the right to take photographs of me, my pet(s) and my property. I authorize Pet Dental Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Pet Dental Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. **If you do not consent to photo release, please let a team member know so that we can assure your privacy.**

I have read and understand the preceding information.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_