



AMBASSADOR
ANIMAL + HOSPITAL

715 Wade Hampton Blvd
Greenville, South Carolina 29609
(864) 271-1112

New Patient Registration

Owners Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide our office with two phone numbers.

Phone #1: _____ Phone #2: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Patient Information

Pets Name: _____ Date of Birth / Age: _____

Species: _____ Breed: _____

Color: _____ Sex: Female Male Spayed Neutered

Medical Information

Previous Veterinarian: _____ Phone #: _____

Canine:

Rabies Vaccinations Y N Last date received: _____

Distemper/Parvo? Y N Last date received: _____

Bordatella (Kennel Cough) Y N Last date received: _____

Heartworm Test Y N Last date received: _____

Feline:

Rabies Vaccinations Y N Last date received: _____

Distemper Vaccination Y N Last date received: _____

Leukemia Vaccination Y N Last date received: _____

Micro-Chipped (Canine/Feline) Y N Micro Chip #: _____

We Do Not Do Payment Plans, Payment Is Due At The Time Of Service

Signature: _____ Date: _____