

Today's Date: \_\_\_\_\_

Account # \_\_\_\_\_



# NEW CLIENT REGISTRATION

Your Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email\* \_\_\_\_\_

\*Please check this box if you would NOT like to receive email communication or reminders.



If we took a picture of your cute pet, could we post it on social media?:  Yes  No

## PET INFORMATION

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Canine / Feline / Other \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  Male  Female  Altered?

Current on vaccines? Yes / No / Unknown \_\_\_\_\_ Pet's outdoor activity: \_\_\_\_\_

Allergies/Prior illness or surgery: \_\_\_\_\_

Previous vet hospital: \_\_\_\_\_

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

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Current on vaccines? Yes / No / Unknown \_\_\_\_\_ Pet's outdoor activity: \_\_\_\_\_

Allergies/Prior illness or surgery: \_\_\_\_\_

Previous vet hospital: \_\_\_\_\_

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### Who may we thank for referring you to our hospital?

Saw Sign    Internet    Friend    Employee

Who can we thank? : \_\_\_\_\_

### All payments are due at the time of services rendered.

We accept cash, checks, and all major credit cards.

I have read and understand the above statements and agree to all terms therein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_