

## New Client / Pet Registration Form

### Client Information:

Date \_\_\_\_\_ Have you been to this office with any other pet?  Yes  No  
Owner's Name \_\_\_\_\_ Spouse / Other \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ 2nd Cell Phone \_\_\_\_\_ 2nd Work Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ (required to write a check)  
How would you like your reminders sent to you? (check one)  e-mail  postcard  phone

### Patient Information:

Pet's Name \_\_\_\_\_ Birthday/Age \_\_\_\_\_  
 Canine  Feline  Other \_\_\_\_\_ Breed \_\_\_\_\_  
 Male  Female Spayed/Neutered?  Yes  No Color \_\_\_\_\_  
Do you have Pet Insurance?  Yes  No Company \_\_\_\_\_  
Do you have Care Credit?  Yes  No If not, would you like more info?  Yes  No  
Previous veterinarian(s) where records could be obtained \_\_\_\_\_  
How did you find us?  Phone Book  Mailer or Newspaper  Internet  Facebook  
 Individual Recommendation or Other (Remember who? \_\_\_\_\_ )

### Payment Agreement:

This hospital does not do billing. Payment is expected in full at the time of service. We accept cash, check with proper ID, MasterCard, Visa, Discover, Care Credit and debit cards. Please ask us if you need a written estimate at any time. By signing below, you acknowledge financial responsibility for this pet and that you understand the payment agreement.

Signature \_\_\_\_\_