

NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may better serve your needs, please complete the following form and bring it to the animal hospital at the time of your appointment. In order to print, click the print button on the top of your browser.

If you are interested in pet medical insurance, please visit the [Veterinary Pet Insurance](#) website.

We accept all major credit cards, including CareCredit. Click here for information on [CareCredit](#).

Date _____ Owner's Name _____			
Spouse/Other _____			
Children (first names & ages) _____			
Address _____			
City _____		State _____	Zip _____
Home Telephone _____		Work Telephone _____	
Employer's Name & Address _____			
Spouse's/Other's Employer & Address _____			
At what time _____ and at what number _____ is it best to call about your pet?			
In case of EMERGENCY, please call _____ at telephone number _____			
Email Address _____			
Pet's Name _____		Approx. Date of Birth _____	
Dog	Cat	Other _____	Sex:
Breed _____	Male	Neutered	Unneutered
Color _____	Female	Spayed	Unspayed
Reason for Visit _____			
Previous veterinarian(s) where past records could be obtained if necessary _____			
Has your pet been treated for any illness in the past year? Yes No			
Specify problem(s), medication, and dosage, if known _____			

How did you first hear of us? Yellow Pages Other _____			
Individual we may thank? _____			
List the names and types of any other animals that you own _____			

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner or Responsible Party _____

If you pay by check or credit card, please complete the following:

Credit Card (company) _____ Acct. # _____

Exp. Date _____

Driver's License Number _____ State _____