

Client Registration

Please take a moment to fill this out as completely as possible. This information will be used to better serve you and your pets.

Date: _____

Client #: _____

Mr. Mrs. Miss Dr.

First Name: _____

Spouse Name: _____

Last Name: _____

Mailing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Home Address

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Spouse Cell: _____ Spouse Work: _____

E-mail address (reminders/communication) _____

Employer: _____ Spouse Employer: _____

Memorial Beach Veterinary Hospital is going **GREEN** and working toward using less paper. We appreciate you checking Email.

How would you like to be contacted for reminders? **Email** ☐ **Postcard** ☐ **Email and Postcard** ☐

How did you become aware of our hospital?

☐ Yellow Pages ☐ Sign ☐ Facebook ☐ Our Mailer

☐ Chamber of Commerce ☐ Memorialbeachvet.com

☐ Personal Recommendation- Who May We Thank? _____

PLEASE NOTE THE FOLLOWING:

- Qualified personnel may not be continuously present in the hospital.
- All fees are to be paid at the time they are rendered
- A service charge will be applied to any late payments.

We accept the following methods of payment:

CASH MASTERCARD VISA DISCOVER CARECREDIT® AMERICAN EXPRESS

Signature: _____

PLEASE TELL US A LITTLE ABOUT YOUR PETS!

Pet Name: _____

Pet Name: _____

Approx Date of Birth: _____

Approx Date of Birth: _____

Dog Cat Rabbit Bird Other

Dog Cat Rabbit Bird Other

Male Female Neutered Spayed

Male Female Neutered Spayed

Breed: _____

Breed: _____

Color: _____

Color: _____

Last Vaccines Given at: _____

Last Vaccines Given at: _____