



Long Trail Veterinary Center

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Williston, VT 05495

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longtrailvets@gmail.com

Dr. Ryan D. Canales, MVB

New Client Registration Form

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.
(Please Print)

Date _____

Owner Name _____ Spouse _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

May we call you at work? Yes No Spouse's Phone _____

Pet Name: _____ DOB _____ Breed _____ Color _____

Male Female Altered? Y N (please circle)

How did you hear about Long Trail Veterinary Center? _____

List any other services you might be interested in the future: _____

Preferred payment method

Professional fees are to be paid at the time services are rendered. Major surgeries, critical care, and emergencies require advance deposit.

- Cash (NO CHECKS)
- MC/VS/DISC
- CareCredit (www.carecredit.com)

I understand that, while Long Trail Veterinary Center staff members take every precaution to protect your pet, there is always the unforeseen risk of disease transmission and/or injury. We have permission to give vaccine/fecal history to dog facilities if called. Your signature below acknowledges the Hospital is not liable.

Signature of owner or person presenting the pet:

Obtaining history is necessary for standard of care. Please provide previous vet contact info?

Clinic name _____ phone _____

Reason for your visit today: