

NEW CLIENT REGISTRATION

Your Name _____

Secondary contact _____

NAME

RELATIONSHIP

PHONE NUMBER

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

CIRCLE: HOME CELL WORK

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MAY WE SEND YOU TEXT MESSAGE REMINDERS?

YES

NO

Email _____

Please let us know how you heard about us... _____

PET INFORMATION

Pet's Name _____ DOB _____

Breed _____ Cat Dog Other _____

Color/Markings _____ Microchip # _____

Please mark one: Female Spayed Female Male Neutered Male

...because my pet is adorable, I (**do** / **do not**) grant this hospital permission to use my pet's picture for social media purposes.

All payments are due at the time of services rendered.

We accept cash, all major credit cards & Care Credit.

By signing below I certify that I am at least 18 years old and hereby authorize this hospital to treat my pet. Furthermore, I agree to pay fees as services are rendered.

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

Signature _____ Date _____