

NEW CLIENT REGISTRATION

How did you hear about PIPER HERITAGE VETERINARY CLINIC:

Website Social Media Our Sign Another Clinic Current Client- please let us know their name,

we would like to thank them: _____

PLEASE TYPE or PRINT LEGIBLY

Your Name _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Home Phone # () _____ Cell Phone # () _____

E-mail Address _____

Co-owner Name _____ Relationship _____

Phone # () _____

- o **In appreciation of your service, we now offer a 10% Military Discount when Military ID presented at time of check in.**

PET INFORMATION

PLEASE ATTACH PREVIOUS VACCINE AND MEDICAL HISTORY

Pet's Name _____ Age / DOB _____

Breed _____ Dog / Cat / Other _____ { } Male { }

Female _____

Color _____ { } Male Neutered

{ } Female Spayed

Pet's Name _____ Age / DOB _____

Breed _____ Dog / Cat / Other _____ { } Male { }

Female _____

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{ } Female Spayed

Do you currently have Pet Health Insurance? No / Yes Name of Carrier:

10041 Leavenworth Road
Kansas City, KS 66109
(913) 299-0010
www.piperheritagevetclinic.com



All payments are due at the time of service provided.

We accept cash, checks, all major credit cards and *Care Credit which can be approved in as little as 10 minutes.

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

Signature: _____ Date: _____

“Our mission is to make life better for people and pets.”

While your pet is with us we might want take a photo of him or her.

If you **DO NOT** want us to share your pet’s photo, please opt out by checking the box.