



New Client Registration

(Confidential)

Thank you for giving our hospital the opportunity to care for your pet. To ensure the best service possible, please take the time to fill in this form completely.

Client Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Employer: _____ Work Phone: () _____

Spouse/Partner Name: _____ Cell Phone: () _____

How did you hear about our hospital?

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Adoption Agency | |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Community Event | |
| <input type="checkbox"/> Drive by | <input type="checkbox"/> Internet | <input type="checkbox"/> Mailer |
| <input type="checkbox"/> Vet Referral | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> New Story |

Is there someone we can thank for your referral to our hospital?
Name: _____

Current or Referral Veterinarian:

Name: _____
Phone: _____

Emergency Contact:

Name: _____
Phone: _____

PAYMENT POLICY

Full payment is due upon rendering of services. Deposits may be required at the start of treatment for major medical procedure. We accept all major credit cards, Debit cards, Care Credit, Checks and Cash. (For more information on Care Credit, please visit their website at www.carecredit.com)

I agree to pay any costs and charges necessary for the collection of any amount not paid when due. A \$40.00 charge will be assessed for a returned check.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals **MUST** be current on vaccines according to hospital policy, and be free of internal and external parasites.

Please take the time to download the free PetPartner app for your smart phone and don't forget to visit us on our webpage or Facebook.

I hereby authorize treatment of my pet(s) by the doctors at this hospital.

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE _____

DATE _____



Find us on
Facebook





NEW PET INFORMATION

Pets Name: _____

Please Circle One: Dog Cat

Breed: _____

Color: _____

Birth Date (if not known, approximate age): _____

Gender: Male Neutered Male Female Spayed Female

Veterinary History:

a. Name of last Veterinary Clinic: _____

b. Location and Phone Number: _____

c. Date of last vaccines (If known): _____