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?

☐ Advertisement ☐ Adoption Agency
☐ Friend/Relative ☐ Community Event
☐ Drive by ☐ Internet ☐ Mailer
☐ Vet Referral ☐ Yellow Pages ☐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

Download Our Free

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): ____________