

## New Client Registration Information

Owner's Name; \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's Employer's Name & Address \_\_\_\_\_

Best Time to Contact you & where? \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Method of Payment ( please circle one)    Cash    Check    Credit Card

Reason for Initial Visit to our Clinic \_\_\_\_\_

Has your pet been treated for any illness in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify problem(s), Medication and Dosage \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Sterilized \_\_\_\_\_

How did you first hear of our clinic? (Please circle one)    Friend    Internet    Paper

**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** I assume responsibility for all charges incurred in the care of this animal. And that a deposit may be required for surgical care.

Owner or Responsible Party \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Credit Card # \_\_\_\_\_ ExpDate \_\_\_\_\_