NEW CLIENT AND PET REGISTRATION

OWNER'S NAME _____

SPOUSE/SIGNIFICANT OTHER/CO-OWNER_____

ADDRESS_____

CITY, STATE_____ZIP_____

PHONE (_____) _____ CELL (_____) _____

EMAIL_____

REFERRED BY_____ DRIVERS LICENSE #_____STATE_____
(if you plan to write checks)

HOW WOULD YOU PREFER TO RECEIVE REMINDERS? POST CARD EMAIL
(please circle one)

PET'S MEDICAL HISTORY

PET'S NAME_____

PURPOSE OF VISIT_____

BREED_____ SEX M F SPAYED/NEUTERED Y N

AGE_____ DATE OF BIRTH (IF KNOWN) _____/_____/_____

COLOR/MARKINGS_____

DO YOU HAVE VACCINATION/MEDICAL RECORDS WITH YOU TODAY? Y N

IS YOUR PET PRESENTLY ON HEARTWORM PREVENTATIVE?_____

IS YOUR PET ON ANY SPECIAL MEDICATION(S)? Y N

IF SO, WHAT?_____

IS YOUR PET ALLERGIC TO ANY MEDICATIONS/VACCINATIONS? Y N

IF SO, WHAT?_____

_____

DOES YOUR PET HAVE ANY SPECIAL MEDICAL CONDITIONS? Y N

IF SO, WHAT?_____

PLEASE NOTE: We take pride in the quality of service and medical care we are responsible for providing you and your pet. In an effort to maintain these standards and keep your costs at a reasonable level, <u>we do not bill</u> for services rendered. (Ask us about CareCredit for our payment plan option.)

<u>I agree to pay for professional services and medications as they are rendered.</u> You may ask us for a copy of our financial policy at any time. I hereby certify that the information on this form is true and accurate.

SIGNATURE_____ DATE_____