



NEW CLIENT REGISTRATION FORM

OWNER'S NAME _____ DATE _____

ADDRESS _____

CITY _____ ZIP _____

[] PHONE HOME () _____ [] CELL () _____

E-MAIL ADDRESS (THIS WILL BE KEPT CONFIDENTIAL) _____

WOULD YOU PREFER YOUR REMINDERS VIA EMAIL? [] YES [] NO

MAY WE TEXT YOU REMINDERS AS WELL? (PLEASE BE SURE YOUR CELL NUMBER IS ABOVE) [] YES [] NO

PLEASE PUT A CHECK BEFORE THE PHONE NUMBER YOU WOULD LIKE US TO LIST AS YOUR PRIMARY AND CALL FIRST

PET'S NAME _____ DATE OF BIRTH _____

[] CAT [] DOG [] BIRD [] OTHER TYPE _____ [] MALE [] FEMALE [] NEUTERED [] SPAYED

BREED _____ COLOR _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL? _____

IF PERSONAL REFERENCE, PLEASE LIST NAME _____

THE PERSONAL INFORMATION YOU HAVE PROVIDED WILL NOT BE SHARED WITH ANY THIRD PARTIES. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED FOR THE CARE OF THIS ANIMAL AND I UNDERSTAND

PAYMENT IS EXPECTED AT THE TIME THE SERVICE IS RENDERED

SIGNATURE OF OWNER/RESPONSIBLE PARTY _____ DATE _____