

NEW CLIENT REGISTRATION FORM  
CLIENT INFORMATION

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

Home and Emergency Contact Number \_\_\_\_\_

Work Number/Employer \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner's name \_\_\_\_\_

Address (if not same) \_\_\_\_\_

Home and Emergency Contact Number \_\_\_\_\_

Work Number/Employer \_\_\_\_\_

Cell/Pager \_\_\_\_\_

PATIENT/PET INFORMATION

Name \_\_\_\_\_

D.O.B./Age \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_

Spayed/neutered? \_\_\_\_\_

Color/Markings \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications (including flea/tick/heartworm preventatives)

\_\_\_\_\_

Medical history \_\_\_\_\_

Behavior \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

-referred by friend

-print ad

-website

-other (please explain)

PREFERRED METHOD OF PAYMENT

-cash

-check

-credit card