

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