



Welcome! New Client Registration

Client Information

Your Name: _____ Spouse/Co-owner name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Spouse/Co-owner Phone: _____

Secondary Phone: _____ E-mail: _____

Drivers License: _____ Spouse/Co-owner Drivers License: _____

Patient Information

Name: _____ Dog Cat Other: _____ Breed: _____

Color: _____ Age/Birthday: _____ Male/Female/Spayed/Neutered

Does your pet have any vaccine reactions? Yes No Date of last vaccines: _____

If yes, please explain: _____

Name: _____ Dog Cat Other: _____ Breed: _____

Color: _____ Age/Birthday: _____ Male/Female/Spayed/Neutered

Does your pet have any vaccine reactions? Yes No Date of last vaccines: _____

If yes, please explain: _____

Name: _____ Dog Cat Other: _____ Breed: _____

Color: _____ Age/Birthday: _____ Male/Female/Spayed/Neutered

Does your pet have any vaccine reactions? Yes No Date of last vaccines: _____

If yes, please explain: _____

How did you hear about us?

Facebook Website Google Friend/Family

Who may we thank? _____

If the client is active you **BOTH** get a \$15 referral credit!

Social Media Release

I give Faithful Friends Veterinary Care permission to post a picture of my pet on Facebook, under the Faithful Friends Veterinary Care Facebook account ONLY.

Signature: _____ Date: _____

Payment Policy

Faithful Friends Veterinary Care requires payment is due in full at time of services rendered. Please request an estimate from your Technician or Doctor before agreeing to any treatments, blood work, surgeries etc. We accept cash, check, care credit and all major forms of credit cards. (Visa, Mastercard, Discover, American express)

Signature: _____ Date: _____

If using a check please provide your social security number: _____

Consent to Treat

I authorize the Veterinarians at Dale Animal Hospital to perform treatment on my pet. I assume all responsibility for the charges that are incurred for this animal.

Signature: _____ Date: _____