

Client Number: \_\_\_\_\_

**Manorville Pet Vet  
NEW CLIENT REGISTRATION**

**\*\* IF YOU ARE PAYING BY CARE CREDIT PLEASE LET US KNOW SO THERE IS NO  
DELAY IN PAPERWORK\*\***

Thank you for giving us the opportunity to care for your pet. So that we may better serve you, please complete the following information:

Owner: Mr., Mrs., Ms., Miss., Dr. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Pager/cell) \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ SS# (required if paying by check) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's cell \_\_\_\_\_  
Children's names \_\_\_\_\_

Email address: \_\_\_\_\_

Pet's name \_\_\_\_\_ Date of birth \_\_\_\_\_  Male  Female

Dog  Cat Breed \_\_\_\_\_ Color \_\_\_\_\_

If a dog, is your pet licensed with the state?  Yes  No Spayed/Neutered?  Yes  No

Do you have pet insurance?  Yes  No If no, were you aware that it existed?  Yes  No

Most recent vaccine history (Type of vaccine & date) \_\_\_\_\_

Place where last vaccinated \_\_\_\_\_

Reason for visit \_\_\_\_\_

Please mention any previous problems your pet has had (surgeries, illnesses, allergies, etc.) \_\_\_\_\_

Current medication pet is taking? \_\_\_\_\_

Is your pet taking heartworm preventative?  Yes  No If so, what kind? \_\_\_\_\_

Drug allergies? \_\_\_\_\_

Diet (brand and quantity) \_\_\_\_\_ Treats \_\_\_\_\_

How did you first hear about our hospital?  Referral  Yellow pages  Mailing

Local Yellow Book  Other \_\_\_\_\_

If referral, whom may we thank? \_\_\_\_\_

Reason for leaving previous veterinarian \_\_\_\_\_

To keep the cost of professional services at a minimum, **fees must be paid in full at the time of services.** A deposit is required on all pets that must be hospitalized for treatments. **Billing or credit *may* be available through our office if arranged with the office manger for clients in good standing under extreme circumstances. Credit is not available for first time clients.** We now accept Care Credit with a 6 month repayment plan to help with caring for your pets needs. Please indicate your choice of payment:

Cash  Check  MasterCard  Visa  Discover  American Express  Care Credit

I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet. I assume responsibility for all charges incurred in the care of this pet.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_