

New Client Registration Form

Client First Name: _____

Client Last Name: _____

Spouse First Name: _____

Souse Last Name: _____

Additional Responsible Party: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone

Home: _____

Cell: _____

Work: _____

Email address: _____

Communication Preference - check all that apply

Email

Text message/SMS

Postal

Pet Insurance: _____

How did you hear about us?

Payment Method - check all that apply

Cash

Check

Debt Card

Credit Card

Care Credit

Client Initials _____

- We do not carry open accounts.
 - Client agrees to pay any costs and attorney's fees necessary for the collection of any amount not paid when due.
 - Full payment is required at the time of service. Deposits are required on major medical/surgical cases, trauma cases and hospitalization. We offer Care Credit as methods of making payments. Please ask about these options before services are provided.
 - We accept local checks only; no out of state checks will be accepted. We will ask to see your driver's license every time you write a check. This hospital works in conjunction with the County Attorney's office in reporting all bad check writers.
 - For security purposes and to protect the personal information of our clients, we will not keep credit card information on file, nor take credit card payments over the phone.
- We do not carry open accounts. Please choose your method of payment.

Patient Information

Pet Name: _____
 Species: (check) cat dog other _____
 Breed: _____
 Sex: (check) Male Female
 Spayed or Neutered: (check) Yes No
 Age: _____
 Color: _____

Previous Medical Problems:

Current Medical Problems:

List of Current Medications - Dose - Frequency:

Client Initials _____

Vaccination History - Please provide dates if possible

Canine

Distemper/Parvo: _____

Rabies: _____

Bordatella: _____

Feline

FVRCP: _____

Rabies: _____

Leukemia: _____

Microchip: (check) yes no

microchip brand and number: _____

Client Signature: _____

Client Name (Print): _____

Date: _____