



## New Client/Patient Registration Form

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt./Work Number: \_\_\_\_\_

Spouse's Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Pet's Information

Pet's Name: \_\_\_\_\_ Canine ( ) Feline ( ) Equine ( )

Breed: \_\_\_\_\_ Female ( ) Male ( ) Spayed/Neutered ( )

Color(s): \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Canine ( ) Feline ( ) Equine ( )

Breed: \_\_\_\_\_ Female ( ) Male ( ) Spayed/Neutered ( )

Color(s): \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Canine ( ) Feline ( ) Equine ( )

Breed: \_\_\_\_\_ Female ( ) Male ( ) Spayed/Neutered ( )

Color(s): \_\_\_\_\_ Age/DOB: \_\_\_\_\_

### **\*All payments are due at the time of service\***

We accept Cash, all major Credit Cards, and Care Credit. If you are bringing a Feline friend, they must be brought in a carrier and all Canines must be on leashes.

I have read and understand the above statements and agree to all terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_