



New Patient/Client Registration

Thank you for giving us an opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this new patient registration form. We will gladly prepare a written estimate if you so desire. Please ask a staff member for assistance.

CLIENT INFORMATION		DATE:	
Owner's Full Name:			
Spouse/Other Name:			
Address:	City, State, Zip:		
Cell Phone Number:	Home Phone:		
Email:			
Reason for today's visit:			

How did you hear about us?

- Individual, Referred by _____
 Hospital Referral _____
 Social Media
 Online Search
 Other _____

PET INFORMATION					
Pet's Name 1:					
Species:	Breed:			Color/Markings:	
Age/Birthdate:	Sex(circle one):	Male	Female	Altered:	Y N
Pet's Name 2:					
Species:	Breed:			Color/Markings:	
Age/Birthdate:	Sex(circle one):	Male	Female	Altered:	Y N

MEDICAL HISTORY			
Pet 1	Previous Hospital:	Contact Number:	
	Diet:	Current Medications:	
	Vaccine/Test History: (please list name and date last given)	Prior Illness/ Surgery:	
Pet 2	Previous Hospital:	Contact Number:	
	Diet:	Current Medications:	
	Vaccine History: (please list name and date last given)	Prior Illness/ Surgery:	

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

Signature _____

Date _____