

# NEW CLIENT AND PATIENT REGISTRATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Driver's License Number **(Required)** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_  
Email \_\_\_\_\_ County \_\_\_\_\_

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

## PET INFORMATION

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Species: Dog / Cat / Other \_\_\_\_\_ Breed and/or Color \_\_\_\_\_  
Known allergies or medical conditions \_\_\_\_\_  
Microchip Number and Company Name \_\_\_\_\_  
**Reproductive status (CHECK ONE):**  Male/Neutered  Male/Intact  Female/Spayed  Female/Intact

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Species: Dog / Cat / Other \_\_\_\_\_ Breed and/or Color \_\_\_\_\_  
Known allergies or medical conditions \_\_\_\_\_  
Microchip Number and Company Name \_\_\_\_\_  
**Reproductive status (CHECK ONE):**  Male/Neutered  Male/Intact  Female/Spayed  Female/Intact

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Species: Dog / Cat / Other \_\_\_\_\_ Breed and/or Color \_\_\_\_\_  
Known allergies or medical conditions \_\_\_\_\_  
Microchip Number and Company Name \_\_\_\_\_  
**Reproductive status (CHECK ONE):**  Male/Neutered  Male/Intact  Female/Spayed  Female/Intact

**We require a 24 hour notice to reschedule or cancel an appointment to avoid any cancellation fee.**

**All payments are due at the time of services rendered.**

We accept cash, checks, all major credit cards and Care Credit, which can be approved in as little as 10 minutes. We do not accept postdated checks. I have read and understand the above statements and agree to all terms therein.

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