



New Client Registration Form

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City State ZIP Code

Primary Contact Phone: Secondary Contact Phone:

Email Address:

We are a paper-light hospital and communicate through e-mails, text messages, and phone communications. If you request communication for reminders by mail, please let us know so we can send you reminders by way of that preference.

Client Birth Date (Used for calling in prescriptions to other pharmacies):

Spouse/Significant Other: Primary Contact Phone:

Please enroll me as a registered member of the hospital website (Circle one): YES NO

As a registered member I will be able to check my pet's vaccine status, request appointments, schedule boarding, purchase medication, refill medications, order prescription food, make better decisions about my pet's health & well being through its on-line library and resources, notify us if your pet is lost, notify us of any address changes.

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

Pet Information

Pet's Name: Pet's Date of Birth/Age:

Cat/Dog/Other: Breed:

Sex: Male Female Spayed/Neutered: Yes No Major Medical Problems: Yes No

Current Medications:

Pet Information

Pet's Name: Pet's Date of Birth/Age:

Cat/Dog/Other: Breed:

Sex: Male Female Spayed/Neutered: Yes No Major Medical Problems: Yes No

Current Medications:

Payment Policy/Authorization

All payments are due at the time that services are rendered. We DO NOT accept PERSONAL CHECKS and we DO NOT issue payment plans. We accept CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, or CARE CREDIT. Care Credit can be approved in as little as 15 minutes. Please let us know if you are a SENIOR (>62) or MILITARY (Active or Retired) for a 10% discount (Discount on all exams, nails trims, anal gland expressions, and some other limited technician procedures only).

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for ALL charges incurred in the care of this animal. I also understand that a deposit may be required for any treatment. A treatment plan with estimated costs will be provided for all pets upon request.

Signature: Date: