



NEW PATIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

*Email _____ How Did You Find Us? _____

*Please enroll me as a registered member of the hospital website: **Yes** No

As a registered member I will be able to:

I Check pets' vaccinations status I Request appointments I Request medication/food refills I Make better decisions about pets' health & well-being I Discover ways to help your pet live a longer & healthier life I Inform if pet is lost/deceased I Notify of address change I

*Please ask one of our staff members about our clinic's phone app! This is a fun way to communicate with the staff, request appointments, refill medications, post photos, and much more! This can be found on the Google or Apple Play Store.

PET INFORMATION

Pet's Name _____ Age/DOB _____

Dog / Cat / Other _____ Breed _____ Color _____

Male Neutered Male Female Spayed Female

Is Your Pet Microchipped? Yes No Microchip Number (if known) _____

Pet's Name _____ Age/DOB _____

Dog / Cat / Other _____ Breed _____ Color _____

Male Neutered Male Female Spayed Female

Is Your Pet Microchipped? Yes No Microchip Number (if known) _____

Pet's Name _____ Age/DOB _____

Dog / Cat / Other _____ Breed _____ Color _____

Male Neutered Male Female Spayed Female

Is Your Pet Microchipped? Yes No Microchip Number (if known) _____

All payments are due at the time of services rendered.

We accept cash, checks, all major credit cards, & Care Credit which can be approved in as little as 10 minutes.

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

Signature: _____ Date: _____