

NEW CLIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

Email _____

Please let us know how you heard about us... _____

PET INFORMATION

Pet's Name _____ DOB/Age _____

Breed _____ Microchip# _____ Cat Dog Other _____

Color/ Markings _____

Please mark one: Female Male Neutered Male Spayed Female

...because my pet is adorable, I (do / do not) grant this hospital permission to use my pet's picture for social media purposes.

Pet's Name _____ DOB/Age _____

Breed _____ Microchip# _____ Cat Dog Other _____

Please mark one: Female Male Neutered Male Spayed Female

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All payments are due at the time of services rendered.

We accept cash, all major credit cards (except Discover) & Care Credit.

By signing below I certify that I am at least 18 years old and hereby authorize this hospital to treat my pet. Furthermore, I agree to pay fees as services are rendered.

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

Signature _____ Date _____