**New Patient Registration Form**

**Welcome** Thank you for trusting us with your pet’s care. We appreciate you taking time to fill in this form completely to help us provide the best care possible.

**CLIENT INFORMATION:**

OWNER LAST NAME:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE/CO-OWNER LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE/CO-OWNER MOBILE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (needed for pet portal access – **very helpful!**)

DATE OF BIRTH/OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST FOUR DIGITS OF SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET INFORMATION:**

1st pet Cat\_\_\_ Dog\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Male\_\_\_Neutered\_\_\_

 Female\_\_\_ Spayed \_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_ Current on vaccines? Yes\_\_\_\_ No\_\_\_\_

2nd pet Cat\_\_\_Dog\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Male\_\_\_Neutered\_\_\_

 Female \_\_\_ Spayed \_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Current on vaccines? Yes \_\_\_\_ No \_\_\_

MAY WE REQUEST/RELEASE A COPY OF YOUR PET’S MEDICAL RECORDS FROM/TO ANOTHER VETERINARIAN?

Yes\_\_\_ No\_\_\_\_ ANIMAL HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION:**I acknowledge that I am seeking veterinary care for my pets, and I certify that I accept financial responsibility for all charges incurred. I understand that payment in full is due at the time of service, and that service charges will accrue on any unpaid balance. A deposit is required for all hospitalized pets.

**PAYMENT METHOD**: CREDIT/DEBIT\_\_\_\_ CASH\_\_\_\_ CHECK\_\_\_\_ CARE CREDIT\_\_\_\_

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_