



placerville veterinary clinic

Serving El Dorado County since 1974

New Patient Registration Form

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

CLIENT INFORMATION

LAST NAME: _____ FIRST: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____ (needed for pet portal access)

DATE OF BIRTH (owner): _____ LAST 4 OF SS#: _____

CO-OWNER LAST NAME: _____ FIRST: _____

CELL: _____ E-MAIL: _____

PET INFORMATION

1ST pet: Cat ___ Dog ___ Name: _____ Breed: _____ Age: _____

Male ___ Neutered Y / N Female ___ Spayed Y / N Color _____ Current on vaccines? Y / N

2ND pet: Cat ___ Dog ___ Name: _____ Breed: _____ Age: _____

Male ___ Neutered Y / N Female ___ Spayed Y / N Color _____ Current on vaccines? Y / N

MEDICAL RECORDS RELEASE

MAY WE **REQUEST/RELEASE** A COPY OF YOUR PET'S MEDICAL RECORDS **FROM/TO** ANOTHER VET/INS. CO.?

YES ___ NO ___ **SIGNATURE:** _____ **DATE:** _____

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. Any missed appt will be charged a \$45.00 fee, as will less than 24hr cancellation notice. If you are late for an appointment, we reserve the right to charge a \$45.00 fee and reschedule the appointment.

SIGNATURE: _____ **DATE:** _____