



# placerville veterinary clinic

## 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 \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ LAST FOUR DIGITS OF SS# \_\_\_\_\_

CO-OWNER or SPOUSE Last name \_\_\_\_\_ First \_\_\_\_\_

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

### PET INFORMATION

1<sup>st</sup> pet Cat \_\_\_ Dog \_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_  
Female \_\_\_ Spayed \_\_\_ Color \_\_\_\_\_ Current on vaccinations Yes \_\_\_ No \_\_\_

2<sup>nd</sup> pet Cat \_\_\_ Dog \_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_  
Female \_\_\_ Spayed \_\_\_ Color \_\_\_\_\_ Current on vaccinations Yes \_\_\_ No \_\_\_

MAY WE REQUEST A COPY OF YOUR PET'S MEDICAL RECORDS FROM 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: VISA/MC/DEBIT \_\_\_ CASH \_\_\_ CHECK \_\_\_ CARE CREDIT \_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_