



New Patient Registration Form

Date: _____

Client Information

Name of Owner: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Work _____

Email: _____

Employer: _____

Occupation: _____

How did you hear about us? _____

Patient Information

Name of Pet: _____

Species: Cat Dog Other (please specify): _____

Breed: _____ Age: _____ Color _____

Spay/Neuter: Yes No Sex: Male Female

Former Doctor's Name: _____

May we request your pet's health records? Yes No

Do you have pet insurance? Yes No If yes, which one? _____

Reason for visit: _____

Payment Information

Method of payment for account: Check Cash Credit Card Care Credit

Person's name responsible for this account: _____

Address (if different than owner's): _____

All fees are due at the time the patient is released. On your request, we will provide you with a written estimate of fees for any case, hospital treatment, emergency care, surgery, hospitalization, etc. A deposit prior to treatment may be required.

Thank you for the opportunity to take care of your pet.