NEW CLIENT PATIENT REGISTRATION FORM

We do not share, sell, or lend this information to any third parties other than required or as requested by the client.

Primary Contact: Ms Mrs Mr Dr **First Name**:_____________________**Last Name**:____________

Second Contact: Ms Mrs Mr Dr **First Name:**______________________**Last Name**:___________

Address:____Apt. #:__________________

City:________________________________ State:_________ Zip Code:___________________

Primary Contact Cell Phone #_____________________________Home #____________________

Work #______________________Secondary Contact Name/Phone #___________________________

E-Mail Address (please print clearly):________________________________@_________________
(We do not market any products by email. We may use email for doctor to client communication and to send reminders.)

Pet's Name:______________________________ (check) Dog Cat Other____________________

Breed:_________________________ Sex (check): Male Male Neutered / Female Female Spayed

Date of Birth:_____/_____/_______ Or Estimated Age (Years or months):_________ Or Unknown___

Pet Color and Markings:____

Does your pet have a microchip? YES NO Do you know the number?________________________

(Estimated) Date of Last Veterinary Exam:___________________ Pet's Diet:____________________

Any Medical Condition/Medical History we should know?___________________________________

Please list any Medication or Supplements your pet is taking:_________________________________

Do you have **Pet Health Insurance? YES NO**

How did you hear about us? Friend Name:__________________Internet (please specify)__________

Neighborhood (please specify)______________________________________

Other (please specify)____

Method of Payment: Credit Card (Amex, Visa, MC, Discover)____________ Cash__________

FINANCIAL POLICY SUMMARY: We do not accept checks. We do not bill for services. Payment is due in full at the time services are performed. We recommend the use of Pet Health Insurance and are happy to help prepare and send pre-signed claim forms in order to expedite your prompt reimbursement. We are also happy to provide estimates.