



NEW PATIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home _____ Cell Phone #1 _____

Phone

Work Phone _____ Cell Phone #2 _____

*Email _____

How did you hear of our hospital? (Please be specific): _____

*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter: **Yes** No Topics of Interest: Dogs Cats Horses Birds Reptiles Rodents

Please note: Your privacy is important to us. All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

PET INFORMATION

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____

Male Female
Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____

Male Female
Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____

Male Female
Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____

Male Female
Male / Neuter Female / Spay

All payments are due at the time services are rendered.

We accept cash, checks, Visa, MasterCard, Discover, Amex, & Care Credit which can be approved in as little as 10 minutes.

*If you wish to pay by check or credit card please complete the following:

- Driver's License #: _____
 - Note: We will ask to see your ID for identity verification.

We will gladly prepare a written estimate if you so desire. Feel free to ask any member of our team.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed as owned by me and additional pets I present. Furthermore, I agree to pay fees at the time services are rendered.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____