

# NEW PATIENT REGISTRATION

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

\*Email \_\_\_\_\_

\*Please enroll me as a registered member of the hospital website:  **Yes**  No  
As a registered member I will be able to:

- I Check pets' vaccinations status I Request appointments I Order medication/food refills
- I Make better decisions about pets' health & well-being I Discover ways to help your pet live a longer & healthier life I
- I Inform if pet is lost/deceased I Notify of address change I

\*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter:  **Yes**  No  
Topics of Interest:  Dogs  Cats  Birds  Rodents  Dr/Member Announcements.

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

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Male  
 Male / Neuter

Female  
 Female / Spay

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 Male / Neuter

Female  
 Female / Spay

**All payments are due at the time of services rendered.**

We accept cash, Mastercard & Visa.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_