NEW PATIENT REGISTRATION

Your Name ______________________________ Spouse________________________________

Address ___________________________ City/State/Zip_______________________________

Drivers License No. ______________________________ Social Security No.______________________

Home Phone ______________________________ Cell Phone _____________________________

Work Address ________________________________ Work Phone ___________________________

*Email ____

Are you 18 years of age or older? ☐ **Yes** ☐ No

*Please enroll me as a registered member of the hospital website: ☐ **Yes** ☐ No
As a registered member I will be able to:
I Purchase medication/food refills I Make better decisions about pets' health & well-being I
I Discover ways to help your pet live a longer & healthier life I

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

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 of services rendered.
We accept cash, checks, credit cards, & Care Credit which can be approved in as little as 10 minutes.
I have read and understand the above statements and agree to all terms therein.

Signature: ____ Date: ____________________