



NEW PATIENT & CLIENT REGISTRATION FORM

Were you REFERRED here by your regular veterinarian? YES/NO (circle one)

If YES, who is your regular veterinarian? _____

How did you find out about our hospital Referred by _____

Drove by Radio/Morning Dish Ingles Grocery Carts Newspaper Billboard Postcard Mailer

Internet Search Facebook Restaurant TV Crossroads Cafe Other _____

PATIENT INFORMATION:

Pet's Name _____ Species/Breed _____

Color _____ Age or Date of Birth _____

Sex (circle one): Male neutered/Male intact/Female spayed/Female intact

Does your pet have any allergies, special medications, vaccine reactions or health problems?

NO YES - DESCRIBE:

Any special diet? _____

DATE OF LAST VACCINATIONS:

Dogs: Distemper/Adenovirus/Parainfluenza/Parvovirus: _____ Rabies: _____ Bordatella: _____

Canine Influenza: _____ Lyme: _____ Leptospirosis: _____

Heartworm test: _____ Is your dog currently on heartworm prevention: YES/NO (circle one)

Cats: Feline viral rhinotracheitis/Calivivirus/Panleukopenia: _____ Rabies: _____ FeLV: _____

What veterinary hospital did you use previously? _____

CLIENT INFORMATION:

FIRST NAME _____ LAST NAME _____

SPOUSE FIRST, LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PH: (____) _____ HOME PH: (____) _____ WORK PH: (____) _____

CIRCLE THE PHONE NUMBER YOU PREFER TO BE CONTACTED AT FIRST

*E-MAIL (for future appointment reminders and confirmations): _____

EMPLOYER: _____

EMERGENCY CONTACT/RELATION & PHONE NUMBER: _____

PAYMENT TERMS

Payment is due at the time services are rendered. Past due accounts are subject to a \$5 monthly statement fee and a 1.5% interest monthly charge. Delinquent accounts that are past due over 90 days will be sent to collections. In the event of collection, all reasonable collection fees, attorney fees and court costs will be paid by the client. We accept cash, credit and debit cards. We also offer payment plans in the form of Care Credit - subject to approval.

I verify that all information provided above is accurate and that I agree to the payment terms above:

SIGN _____ Printed Name _____