

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/boarding I Purchase 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 ☐ Horses ☐ Birds ☐ Reptiles ☐ 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

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____
☐ Male ☐ Female
☐ Male / Neuter ☐ Female / Spay

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All payments are due at the time of services rendered.

We accept cash, checks, all major 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: _____