

# NEW PATIENT REGISTRATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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

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

\*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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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, all major credit cards, & Pet Card 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: \_\_\_\_\_