

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:

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

*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

Color/Description _____

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Color/Description _____

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Color/Description _____

All payments are due at the time of services rendered.

We accept cash, checks, all major credit cards, and CareCredit. You can apply for CareCredit online at www.CareCredit.com, or call (800) 677-0718 for immediate approval.

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

Signature: _____ Date: _____