

# NEW PATIENT REGISTRATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

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

\*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter:  Yes  No

Topics of Interest:  Dogs  Cats  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, 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: \_\_\_\_\_