

# NEW PATIENT REGISTRATION

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

Address \_\_\_\_\_

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

Driver's License # \_\_\_\_\_

Telephone Numbers (Please include area codes)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_ Spouses Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

\*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 \_\_\_\_\_  Dog  Cat

Age/DOB \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Neutered  Female  Spayed

Prior Illness \_\_\_\_\_

Current Medications \_\_\_\_\_

Pet's Name \_\_\_\_\_  Dog  Cat

Age/DOB \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Neutered  Female  Spayed

Prior Illness \_\_\_\_\_

Current Medications \_\_\_\_\_

### 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: \_\_\_\_\_