

# 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 | 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 | 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

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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

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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: \_\_\_\_\_