

# NEW PATIENT REGISTRATION

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Topics of Interest:     Dogs    Cats    Rabbits    Hamsters    Guinea Pig    Rats

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

Color \_\_\_\_\_ Microchip # \_\_\_\_\_  Male / Neuter  Female / Spay

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_  Male  Female

Color \_\_\_\_\_ Microchip # \_\_\_\_\_  Male / Neuter  Female / Spay

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Color \_\_\_\_\_ Microchip # \_\_\_\_\_  Male / Neuter  Female / Spay

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**All payments are due at the time of services rendered.**

We accept cash, all major credit cards, & Care Credit upon your approval.

I hereby authorize a veterinarian to examine, prescribe for, or treat the above pets. I assume responsibility for changes incurred in the care of this animal. I also understand that these changes will be paid at the time of release and deposit may be required for surgical treatment.

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

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_