Date: Click or tap here to enter text.

**NEW CLIENT/PATIENT INFORMATION**

REGISTRATION:

Owner: Click or tap here to enter text. Spouse: Click or tap here to enter text.

Email Address: Click or tap here to enter text. Pronoun *(optional):* Click or tap here to enter text.

Address: Click or tap here to enter text. City: Click or tap here to enter text.

County: Click or tap here to enter text. State: Click or tap here to enter text. ZIP: Click or tap here to enter text.

Additional agents authorized to make medical decisions: Click or tap here to enter text.

How did you hear about us? Choose an item.

If “Recommendation” was selected, whom may we thank? Click or tap here to enter text.

**DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US!**

Primary/Cell Phone: Click or tap here to enter text. Landline/Home Phone: Click or tap here to enter text.

Spouse’s Cell Phone: Click or tap here to enter text. Emergency Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text. Additional Agent’s Cell Phone: Click or tap here to enter text.

PATIENT INFORMATION:

Name: Click or tap here to enter text. Species: Choose an item. Sex: Choose an item.

Breed: Click or tap here to enter text. Color: Click or tap here to enter text. DOB: Click or tap here to enter text.

Former animal hospital: Click or tap here to enter text. Veterinarian: Click or tap here to enter text.

Significant medical history (surgeries, seizures, allergies, etc.): Click or tap here to enter text.

Current Diet: Click or tap here to enter text. Current Medications: Click or tap here to enter text.

Age Pet was obtained: Click or tap here to enter text. Pet obtained from: Click or tap here to enter text.

Reason for today’s visit: Click or tap here to enter text.

**AUTHORIZATION:** I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of the animal. **I also understand that professional fees are due at the time services are rendered. Any balance remaining after 30 days will be subject to a 1.5% service fee.**

Signature and printed name of responsible owner/agents for pet(s):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: Click or tap here to enter text.