

**NEW PATIENT REGISTRATION**

NAME \_\_\_\_\_ Spouse \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

Spouse Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License \_\_\_\_\_ Social Security Number \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Secondary Contact Phone Number \_\_\_\_\_

May we contact you by *TEXT MESSAGE* to remind you about appointments, vaccines that are due, etc?

**YES**

**NO**

May we contact you by *EMAIL* to remind you about appointments, vaccines that are due, etc.?

**YES**

**NO**

Do you prefer: ***TEXT MESSAGE / EMAIL***

May we take a picture of your pet to use on social media? **YES / NO**

\_\_\_\_\_

**PET INFORMATION**

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

Breed \_\_\_\_\_ Color \_\_\_\_\_ Cat / Dog / Other \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_

Diet \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_

Flea/Tick Preventative \_\_\_\_\_ Previous Diagnosis \_\_\_\_\_

Pet's \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Cat / Dog / Other \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_  
Diet \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_  
Flea/Tick Preventative \_\_\_\_\_ Previous Diagnosis \_\_\_\_\_

Pet's \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Cat / Dog / Other \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_  
Diet \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_  
Flea/Tick Preventative \_\_\_\_\_ Previous Diagnosis \_\_\_\_\_

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

We accept cash, checks, all major credit cards and Care Credit.

Signature \_\_\_\_\_ Date \_\_\_\_\_