

NEW PATIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

*Email _____

*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 _____ Age/DOB _____

Breed _____ Dog / Cat / Other _____

☐ Male ☐ Female

☐ Male / Neuter ☐ Female / Spay

Pet's Name _____ Age/DOB _____

Breed _____ Dog / Cat / Other _____

☐ Male ☐ Female

☐ Male / Neuter ☐ Female / Spay

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Breed _____ Dog / Cat / Other _____

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☐ Male / Neuter ☐ Female / Spay

All payments are due at the time of services rendered.

We accept cash, checks, Visa, Master Card and Discover Card 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: _____