

# 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:

- Check pets' vaccinations status
- Request appointments
- Purchase medication/food refills
- Make better decisions about pets' health & well-being
- Discover ways to help your pet live a longer & healthier life
- 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, VISA, MasterCard, Discover, & Care Credit.

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

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