

NEW PATIENT REGISTRATION

Owner's Name _____

2nd Owner's Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Email _____ (Will be used for reminders)

Driver's License State &# 1.) _____ 2.) _____

Employer 1.) _____ 2.) _____

Employer's Phone # 1.) _____ 2.) _____

PET INFORMATION

Pet's Name _____ Age/DOB _____ Dog/Cat/Other _____
Breed _____ Male/Male Neutered Female/Female Spayed

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Breed _____ Male/Male Neutered Female/Female Spayed

All payments are due at the times of services rendered.

We accept cash, checks, all major credit cards, and Care Credit which can be approved in as little as 10 minutes. Due to an increase in missed appointments, we will be implementing a new no-show policy. If you miss an appointment without calling or notifying us, a \$60 pre-payment will be required to schedule any future visits. If you miss another appointment without notice, the \$60 no-show fee will be charged

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

Signature: _____ Date: _____