



NEW CLIENT REGISTRATION FORM

Primary Guardian: _____ Co-Guardian: _____

Address: _____ City, State, Zip: _____

Primary Phone: _____ Co-Guardian Phone: _____
Circle: Cell Home Work Cell Home Work

Email (primary): _____ Email (co-guardian): _____

Email is an important tool for all communications, including appointment confirmations, reminders, and clinic newsletters.

How did you hear about us? _____

Current Primary Veterinary Clinic: _____

Were you referred here by your veterinarian? **Y N** Name: _____

Would you like to receive annual exam and vaccine reminders from us? **Y N**

Pet Name: _____ Species: **Canine Feline**

Breed: _____ Sex: **M F** Spayed/Neutered? **Y N**

Date of Birth/Age: _____ Microchip ID: _____

Color & Identifying Markings: _____

Is your pet currently on any medications? **Y N** Please List: _____

Has your pet ever had a severe allergic reaction to anesthesia, vaccination, medication or food?

Has your pet ever had a severe illness or surgery? _____

FEE POLICY

All new client appointments are \$185, with a \$100 deposit required to schedule. If your initial visit is rescheduled with less than two business days notice, or in the event of a no-show, your deposit will be treated as a late cancellation fee. A \$60 fee will be assessed for all future cancellations made less than 24 hours in advance.

I have read and understand the above fee policy. I accept financial responsibility for all charges incurred in the care of my pet, and understand that all fees must be paid in full at time of service.

I give the veterinarian permission to examine, treat, and/or medicate my pet.

I consent to the use of alternative medical therapies for my pet, including but not limited to: acupuncture, chiropractic, herbs, homeopathy, flower essences and nutritional supplements.

Signature of Owner or Authorized Agent

Date