



# WELCOME

## New Client Registration Form

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best possible care for pet, please take the time to COMPLETELY fill in this form. Thank You!

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Is it ok to text appointment Reminders to the Cell Phone? Yes \_\_\_ No \_\_\_  
Preferred Method of communications: Phone Call \_\_\_ Email \_\_\_ Text Msg \_\_\_  
Employer: \_\_\_\_\_

Spouse/Co-Owner Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Is it ok to text appointment Reminders to the Cell Phone? Yes \_\_\_ No \_\_\_  
Preferred Method of communications: Phone Call \_\_\_ Email \_\_\_ Text Msg \_\_\_  
Employer: \_\_\_\_\_

How did you Learn about us? \_\_\_\_\_  
How many Pets do you have? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

### Pet Information

Pets Name: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Date of Birth/Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_  
Health Concerns: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Date of Birth/Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_  
Health Concerns: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Date of Birth/Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_  
Health Concerns: \_\_\_\_\_

**\*Please provide us with vaccine and health records at the time of the visit or prior to the pets visit.**

**\*\* We accept Cash, Check and Credit Cards. Payment is due at the time of Service.**