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

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Breed Dog / Cat / Other _____
○ Male ◉ Female
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All payments are due at the time of services rendered.
We accept cash, checks, all major credit cards, &Care Credit 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: _____