



## NEW PATIENT REGISTRATION

Your Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

DL#: \_\_\_\_\_ **OR** SS# \_\_\_\_\_

Birth Date: \_\_\_\_\_

### PET INFORMATION

Pets Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Horse Color: \_\_\_\_\_ Male / Male-neutered / Female / Female-spayed

Pets Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Horse Color: \_\_\_\_\_ Male / Male-neutered / Female / Female-spayed

Pets Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Horse Color: \_\_\_\_\_ Male / Male-neutered / Female / Female-spayed

Pets Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Horse Color: \_\_\_\_\_ Male / Male-neutered / Female / Female-spayed

Pets Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Horse Color: \_\_\_\_\_ Male / Male-neutered / Female / Female-spayed

### **ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES ARE RENDERED**

We accept cash, all major credit cards, pet insurance and care credit which can be approved in as little as 10 minutes.

If a payment plan is approved in an emergency situation, the DUE DATE for all statements is the 25<sup>th</sup> day of the month the services were performed. A service charge of 0.096% will be applied monthly for balances that are not paid within 60 days.

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

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