



WALK-IN VETERINARY CARE

New Patient Registration Form

Date: _____ Owner Name: _____ Prefix: MR. ___ MRS ___ DR. ___ MS ___

Spouse/Partner: _____

Telephone: () _____ Home Cell () _____ Home Cell

Address: _____ APT # _____ City: _____

State: _____ Zip Code: _____ Email: _____

Employer's Name: _____ Work Telephone: () _____

Address: _____ City: _____ State: _____

Zip Code: _____

Emergency Contact: Name: _____ Phone: () _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), INCLUDING SPECIAL ORDER PRODUCTS. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID IN FULL AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SOME TREATMENTS. IF MY PET IS NOT PICKED UP WITHIN 30 DAYS THE PET IS CONSIDERED ABANDONED AND MAY BE ADOPTED OUT AS A DOCTOR SEES FIT. THIS DOES NOT RELIEVE ME FROM PAYING FOR YOUR SERVICES AND OR BOARDING FEES THAT MAY OCCUR. IN ADDITION, I UNDERSTAND THAT I AM LIABLE FOR ANY SERVICE CHARGES ON MY UNPAID BALANCE, COURT COSTS, THE COST OF COLLECTION, AND REASONABLE ATTORNEY'S FEES.

SIGNATURE OF RESPONSIBLE PARTY: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXP. DATE _____

Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, American Express, cash, Debit,

Care Credit or check (with a valid driver's license).

Please check one: Cash Check Debit/Credit Care Credit

Patient Name: _____ Patient DOB/Age: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male Female Spayed/neutered? Yes No

Where did you get your pet? Private Party__ Breeder__ Shelter/Rescue: __ Found: __

If shelter/Rescue, which one?: _____

Does your pet have allergies? Yes No

If yes, to what? _____

Is your pet currently on any medication? Yes No

If yes, what? _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

Does your pet have a serious medical condition? Yes No

If yes, what? _____

List any major surgeries your pet has had:

List any behavior problems we need to be aware of: Yes No

If yes, what? _____

List any foods and treats you give your pet:

