

**New Client / Patient Registration**

Owner's Full Name: \_\_\_\_\_

Other Responsible Parties: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

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

**Pet Information**

Pet Name: \_\_\_\_\_

DOG      CAT      OTHER      /      MALE      FEMALE

Breed of Pet: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spayed or Neutered:    YES      NO

Color/Markings: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Medical History (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our practice?

\_\_\_ Healthy Pet Newsletter    \_\_\_ Newspaper    \_\_\_ Phone Book    \_\_\_ Website

\_\_\_ Friend or Relative, if so, their name: \_\_\_\_\_

\_\_\_ Veterinary Referral, if so, their name: Dr. \_\_\_\_\_

I, the undersigned, understand and agree that a finance charge will be applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.75% per month, which is the annual percentage rate of 25%. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees. A \$25 fee will be charged for each returned check.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_