

New Patient Registration

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

*Email _____

By giving us your e-mail you will be able to receive our PetPartner App for your phone to Request appointments/boarding; receive reminders and important information such as specials being offered; Purchase medication/food refills; and several other great features.

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

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

All payments are due at the time of services rendered.

We accept cash, checks, Master Card, Visa, Discover, & 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: _____