



New Client Registration Form.

Date: _____

Last Name: _____ First name: _____

Co-Owner _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Pets Name: _____ Date of Birth/Age: _____

Breed: _____ Color: _____

Circle one: Male or Female Circle one: Neutered or Spayed

What is the reason for your visit? _____

- Please bring all veterinary records to your visit. Including Vaccine history and Rabies Certificates
- We recommend having a Stool sample tested for intestinal Parasites yearly, Please bring a fresh stool sample (produced within 24 hours of your appointment) to your visit
- We currently accept VISA, MASTERCARD, DISCOVER, CARE CREDIT AND CASH for payment
- We do not accept personal checks for new clients.
- We do not bill. Please be prepared to pay in full at the time of your appointment
- We charge for missed appointments. Please call in advance of your appointment time if you need to cancel.