

# **NEW CLIENT REGISTRATION**

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

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

Spouses Name: \_\_\_\_\_

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

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

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

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

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

\*(Your email will only be used by our office to send you newsletters and special promotions.)

## **PET INFORMATION**

---

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Dog / Cat / Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Male / Male Neutered / Female / Female Spayed Color: \_\_\_\_\_

---

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Dog / Cat / Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Male / Male Neutered / Female / Female Spayed Color: \_\_\_\_\_

---

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Dog / Cat / Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Male / Male Neutered / Female / Female Spayed Color: \_\_\_\_\_

---

### **All payments are due at the time of services rendered.**

We accept cash, checks, all major credit cards, & 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: \_\_\_\_\_ \*License #: \_\_\_\_\_

\*(A copy of every client's driver's license is kept on file for collection purposes.)