



Today's date: \_\_\_\_\_

**Registration Form**  
(Please Print Clearly)

Owners Name: \_\_\_\_\_

Spouse / Co-Owner's Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer/Local Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Please circle one: **Cell / Home** Please circle one: **Cell / Home**

Email: \_\_\_\_\_ Drivers License \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular Vet: \_\_\_\_\_

Would you like a copy of your pet's medical records transferred to the vet listed above? Yes  No

Would you like your pets lab results sent to you via text message? Yes  No

If yes, which phone number is best? (Must be a cell phone) \_\_\_\_\_

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**Pet's Description**

Name: \_\_\_\_\_ Species (dog,cat,bird, etc ): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Spayed or Neutered  
(female) (male)

Please circle one : indoor/outdoor indoor only outdoor only  
Where did you get your pet from \_\_\_\_\_ at what age? \_\_\_\_\_

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**How Did You Hear About Us?**

\_\_\_ Web Site \_\_\_ Shelter/Rescue \_\_\_ Client (Who may we thank) \_\_\_\_\_  
\_\_\_ Veterinary Practice \_\_\_ Facebook \_\_\_ Sign/Drive By \_\_\_ Other

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**Form of Payment**

All bills must be paid in full when services are rendered. A 50% deposit will be required on hospitalized patients.  
We accept all major credit cards, including Care Credit. We do not bill.  
\_\_\_ Cash \_\_\_ Credit Card/Debit \_\_\_ Care Credit