

NEW CLIENT REGISTRATION

TODAY'S DATE _____

OWNER'S NAME _____

SPOUSE/PARTNER NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ OTHER PHONE _____

EMERGENCY CONTACT INFORMATION

Person(s) authorized to make decisions about your pets if we are unable to reach you during an emergency:

NAME _____ PHONE NUMBER _____

OWNER'S E-MAIL ADDRESS _____

Do you wish to receive e-mail reminders for your pet(s)? YES NO

EMPLOYER NAME _____

SOCIAL SECURITY #* _____

DRIVER'S LICENSE #* _____ STATE ISSUED* _____

*Information is used for electronic check processing, and is not shared

HOW DID YOU HEAR ABOUT US?

YELLOW PAGES WEBSITE SIGN NEWSPAPER

FRIEND: WHOM SHOULD WE THANK FOR REFERRING YOU? _____

PET'S NAME _____ SPECIES (DOG, CAT, BIRD, ETC.) _____

MALE FEMALE SPAYED/NEUTERED BREED _____

COLOR(S) _____ DATE OF BIRTH _____

(or approximate age if not known)

FINANCIAL POLICY SIGNATURE Your signature below verifies that you **have read and understand** the content of the financial policy, and **agree to abide by the terms** stated within.

Signature

Date

Account # (office use)

Thank you for visiting Community Animal Hospital! We look forward to caring for your pet!