

# New Patient Registration



**"The cozy clinic that cares"**

*We are glad to have the opportunity to care for your pet.*

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

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

Address \_\_\_\_\_

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

Phone Number 1: (\_\_\_\_) \_\_\_\_\_ home  cell  work

Phone Number 2: (\_\_\_\_) \_\_\_\_\_ home  cell  work

Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Driver License \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

## Alternate Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ home  cell  work

How did you find out about us? \_\_\_\_\_

## Pet #1 Information

Pet Name \_\_\_\_\_ **dog / cat / other** \_\_\_\_\_

Breed \_\_\_\_\_ DOB/ AGE \_\_\_\_\_ Color \_\_\_\_\_

Male/ Female Spayed/ Neutered/ Intact

Previous Vet (Optional): \_\_\_\_\_

(Used to retrieve pets' medical history)

## Vaccine History (when last given)

**Dog:** Distemper/Parvo \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_ Bordatella \_\_\_/\_\_\_/\_\_\_

**Cat:** FVRCP \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_ FELV \_\_\_/\_\_\_/\_\_\_

## Pet #2 Information

Pet Name \_\_\_\_\_ **dog / cat / other** \_\_\_\_\_

Breed \_\_\_\_\_ DOB/ AGE \_\_\_\_\_ Color \_\_\_\_\_

Male/ Female Spayed/ Neutered/ Intact

Previous Vet (Optional): \_\_\_\_\_

(Used to retrieve pets' medical history)

## Vaccine History (when last given)

**Dog:** Distemper/Parvo \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_ Bordatella \_\_\_/\_\_\_/\_\_\_

**Cat:** FVRCP \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_ FELV \_\_\_/\_\_\_/\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of these pet(s). I also understand that all professional fees are due at the time services are rendered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

