

NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

This information is STRICTLY CONFIDENTIAL and will not be released to anyone without your expressed permission!

OWNER'S NAME:

SPOUSE/OTHER:

ADDRESS:

PRIMARY PHONE #

WORK PHONE#

CELL PHONE#

E-MAIL

PREFERRED METHOD OF CONTACT

PHONE

E-MAIL

TEXT

DRIVERS LICENSE # and STATE
(NEEDED TO ACCEPT PERSONAL CHECKS)

DATE OF BIRTH

EMERGENCY CONTACT:

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Estimates are provided on request. Please ask a staff member.

We accept: **MASTERCARD, VISA, DISCOVER, AMEX and CARE CREDIT.** We do not bill.

PET INSURANCE? **YES** **NO** Company name/policy number

TO CONTROL THE SPREAD OF INFECTIOUS, CONTAGIOUS DISEASE AND PARASITES, PETS ADMITTED TO THE HOSPITAL MUST BE CURRENT ON REQUIRED VACCINATIONS AND FREE OF EXTERNAL PARASITES.

I authorize the Doctors and Staff of DeWitt Animal Hospital to provide vaccination and parasite control as needed for my pet(s).

Signature

Date

(Please provide copies of previous records if possible)

PET #1 INFORMATION

Name:

Birthdate:

Species: Dog Cat Other

Sex: FEMALE SPAYED FEMALE MALE NEUTERED MALE

Breed: **Color:**

Dates of Last Vaccinations:

PET #2 INFORMATION

Name:

Birthdate:

Species: Dog Cat Other

Sex: FEMALE SPAYED FEMALE MALE NEUTERED MALE

Breed: **Color:**

Dates of Last Vaccinations:

PET #3 INFORMATION

Name:

Birthdate:

Species: Dog Cat Other

Sex: FEMALE SPAYED FEMALE MALE NEUTERED MALE

Breed: **Color:**

Dates of Last Vaccinations:

How did you find out about our hospital?

SIGNATURE _____ **Date** _____