



PETERSEN

P E T H O S P I T A L P C

New Client Registration Form

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

REGISTRATION

Owner's Name: _____ Spouse Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Emergency Contact/Phone #: _____

How did you find out about our practice? ☐ Location/Sign ☐ Facebook ☐ Google/Internet Search ☐ Our Website
☐ Referral ☐ Yellow Pages ☐ Other: _____

If you were referred by a current client, tell us whom so we can thank them: _____

How would you prefer to receive exam & vaccination reminders: ☐ Postcard ☐ Email
Preferred method of contact: ☐ Phone Call ☐ Text Message ☐ Email

PET HEALTH

Pet's Name: _____ Species (Dog, cat, rabbit, etc.): _____
Breed: _____ Color/Special Markings: _____
Date of Birth or Approximate Age: _____ Sex: M/ F Is your pet spayed/neutered: ☐ Yes ☐ No ☐ Unsure
Previous Veterinarian, if any: _____

AUTHORIZATION

1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

☐ Yes. I authorize PPH to share my pet's photo and story. ☐ No. I do not authorize this.

2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that **payment is always due IN FULL at the time of service.** I recognize that financial concerns should be discussed PRIOR to exam & treatment. Our staff is happy to provide estimates.

***WE DO NOT ACCEPT PERSONAL CHECKS OR AMERICAN EXPRESS**

Method of Payment: ☐ Cash ☐ Visa ☐ MasterCard ☐ Discover ☐ Care Credit

Signature of Owner/Agent: _____ Date: _____