

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: Click here to enter text.

SPOUSE/OTHER: Click here to enter text.

ADDRESS: Click here to enter text.

PRIMARY PHONE # Click here to enter text. **WORK PHONE#** Click here to enter text.

CELL PHONE# Click here to enter text. **E-MAIL** Click here to enter text.

PREFERRED METHOD OF CONTACT ☐ **PHONE** ☐ **E-MAIL** ☐ **TEXT**

DRIVERS LICENSE # and STATE Click here to enter text. **DATE OF BIRTH** Click here to enter text.
(NEEDED TO ACCEPT PERSONAL CHECKS)

EMERGENCY CONTACT: Click here to enter text.

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 Click here to enter text.

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: Click here to enter text. **Birthdate:** Click here to enter text.

Species: ☐ Dog ☐ Cat ☐ Other Click here to enter text.

Sex: ☐ FEMALE ☐ SPAYED FEMALE ☐ MALE ☐ NEUTERED MALE

Breed: Click here to enter text. **Color:** Click here to enter text.

Dates of Last Vaccinations: Click here to enter text.

PET #2 INFORMATION

Name: Click here to enter text. **Birthdate:** Click here to enter text.

Species: ☐ Dog ☐ Cat ☐ Other Click here to enter text.

Sex: ☐ FEMALE ☐ SPAYED FEMALE ☐ MALE ☐ NEUTERED MALE

Breed: Click here to enter text. **Color:** Click here to enter text.

Dates of Last Vaccinations: Click here to enter text.

PET #3 INFORMATION

Name: Click here to enter text. **Birthdate:** Click here to enter text.

Species: ☐ Dog ☐ Cat ☐ Other Click here to enter text.

Sex: ☐ FEMALE ☐ SPAYED FEMALE ☐ MALE ☐ NEUTERED MALE

Breed: Click here to enter text. **Color:** Click here to enter text.

Dates of Last Vaccinations: Click here to enter text.

How did you find out about our hospital? Click here to enter text.

SIGNATURE _____ **Date** _____

