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# New Client Registration

## *Pine Woods Animal Hospital*

Welcome to our hospital! Thank you for giving us the opportunity to care for your pet. Please fill out this form completely so that we may start a health record for your pet(s).

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CITY \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ ADD. CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ (REQ. FOR CHECK APPROVAL)

ARE YOU IN THE MILITARY? IF SO, WHAT BRANCH? \_\_\_\_\_

NUMBER OF PETS IN HOUSEHOLD? DOGS \_\_\_ CATS \_\_\_ OTHER \_\_\_

HOW DID YOU LEARN OF OUR HOSPITAL? \_\_\_\_\_

### **Pet Health History**

**Pet 1)** NAME \_\_\_\_\_ SEX \_\_\_\_\_ ALTERED? Y N

DATE OF BIRTH \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

DOES YOUR PET HAVE A TATTOO OR MICROCHIP # ? \_\_\_\_\_

**Pet 2)** NAME \_\_\_\_\_ SEX \_\_\_\_\_ ALTERED? Y N

DATE OF BIRTH \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

DOES YOUR PET HAVE A TATTOO OR MICROCHIP # ? \_\_\_\_\_

- Payment for all veterinary services is due at that time.
- Bounced check fees are \$45, plus any collection fees.
- Fees for missed appointments without 24 hours notice is \$40.
- Fees for missed surgery appointments without 48 hours notice is \$100.00
- We will send a quote for Embrace Pet Insurance unless checked here \_\_\_\_\_

**I understand and agree to the above hospital policy**

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_