New Client Registration Form

Owner's Name: (Ms Mrs Mr) _____ _____
Last **First**

Spouse/Other (Ms Mrs Mr) _____ _____
Last **First**

Address: _____ **City** _____ **State** _____ **Zip** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Pet (s) Name being Seen Today:_____ _____ _____

E-MAIL ADDRESS: _____ **COUNTY**_____

DRIVER'S LICENSE # (Req. for checks): _____**ST**____**Exp**_____

Employer: _____

How did you hear about us? (Please indicate which person(s), business or Veterinarian so that we may thank them: Yellow Pages ( ) Pet Store ( ) Veterinarian ( ) Friend ( ) Other ( )

Name of person(s), store or Dr who referred you: _____

	PET 1	PET 2	PET 3	PET 4
PET (s) NAME:				
Species	K9 Feline	K9 Feline	K9 Feline	K9 Feline
Breed				
Sex	M F	M F	M F	M F
Spayed/Neutered	Yes No	Yes No	Yes No	Yes No
Birthdate or Age				
Color				
Previous Vet Name				

Allergies_____ **Heartworm and Flea Prevention?**_____

I hereby authorize Buffalo Ridge Animal Hospital to render surgical and/or medical care for my pet(s). I understand that payment is due in full at the time services are rendered, and a deposit is required before surgery or treatment can be initiated. Unpaid balances accrue finance charges of 18% annually.

Signature of Owner/Guardian: _____ **Date:** _____