

# **CITY PET HOSPITAL**

## NEW CLIENT REGISTRATION FORM

**Client Information** FOR ACCURATE CARE AND RECORDS, PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

Name: \_\_\_\_\_  
Last Name,First Spouse/Partner

Physical Address: \_\_\_\_\_  
Address City,State Zip code

Primary Number : \_\_\_\_\_ Secondary Number: \_\_\_\_\_  
Please circle: Home Cell Work Please Circle: Home Cell Work

Drivers License: \_\_\_\_\_  
**Required for controlled drugs** Date of Birth: \_\_\_\_\_  
**Required for controlled drugs**

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

I give my authorization to City Pet Hospital to take photos of my pet for their social media pages.  
 Yes  No

How did you hear about **Required for registration**  
 YELLOW PAGES  VETERINARIAN  FRIEND  YELP  OTHER (Specify): \_\_\_\_\_

Hospital pet was last seen at: \_\_\_\_\_

**Method of Payment: Care Credit/ Visa - MC - Discover - Amex/ Cash** \*WE DO NOT ACCEPT CHECKS\*

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Breed				
Sex	Male Female	Male Female	Male Female	Male Female
Spayed/ Neutered	Yes No	Yes No	Yes No	Yes No
Date of Birth				
Color				
Microchip	Yes No	Yes No	Yes No	Yes No

X \_\_\_\_\_

Signature of Owner/ Guardian:

Date