

Client Registration

Name	Pet Parent #2 Name	
Mailing Address	City/State	Zip
Cell Phone	Email (for hospital use only – we do NO	T share your email address)
Pet Parent #2 Cell Phone	Pet Parent #2 Email	
	ve in Neighborhood Facebook Oth	er em:
	Pet Registration	
Pet Name	Previous veterinary hospital/clinic:	
Please list any previous conditions we	e should know about	
	y posts pictures of our adorable patients on s n to post pictures of your pets? YES \[\] \	social media and our
	equires payment in full for professional services rendered: the t I certify that I have read and agree to the above financial policy	
	ients and scheduled surgical procedures, we operate primarily onal appointment delay is inevitable. Please realize that we ma	
rooms. All cats must be presented in an appropriate the safety of all animals in our care, we require that a comfortable during visits, they may be a little uneasy	of others, all dogs must be on a leash and properly controlled cat carrier or on a leash. Boarding Pets may only be released all vaccinations be up to date. Even though we make every effor about new people, new surroundings and other pets. This is caced on a leash or in pet carriers before entering the waiting roundings.	during our regular business hours. For ort to make our patients feel one of the reasons we ask you to

appointments are available. A 'drop off' means you could bring your pet at the time that works best for you and leave him/her with us for a couple of hours. Usually we will ask you to drop off' sometime in the morning so our doctors can examine the patient in between appointments or at the time purposely

Date _____

reserved for admitted patients.

Signature _____