

NEW CLIENT REGISTRATION FORM

OWNER INFORMATION

Owner's Name (First, Last): _____

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

Phone Number: (Cell) _____ (Alternate) _____

Email: _____

Spouse/Significant Other (First, Last): _____ Phone Number: _____

Authorized Agent* if Owner(s) Not Present: _____ Phone Number: _____

*Relationship to Owner: (circle one) Family Member Friend Caretaker Other

PATIENT INFORMATION

Pet's Name: _____ Species: ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____ Color: _____

Date of Birth/Age: _____ Gender: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No

When was the last time a veterinarian saw your pet? _____

Do you have pet insurance? ☐ Yes ☐ No If not, would you like to learn more about pet insurance options? ☐ Yes ☐ No

VACCINE RECORDS

Name of Pet's Previous Veterinarian or Hospital: _____

- ☐ I authorize the release of my pet's medical records to Memorial Veterinary Clinic.
- ☐ I prefer to email them myself at least 24 hours before the appointment. I understand that failure to do so may delay my appointment and reduce my time with the doctor.

How did you hear about us? ☐ Friend/Relative ☐ Google ☐ Instagram/Facebook
☐ Clinic Signage ☐ Staff Member ☐ Shelter/Pet Store ☐ Other: _____

Referral Program: Each party receives a \$25 credit toward services. Current Client Name: _____

Social Media Permission: Can we share your pet's photo and/or story online? ☐ Yes ☐ No

PAYMENT INFORMATION

Following the doctor's examination, they will discuss fees or provide an estimate upon request. All professional fees are due when services are rendered, with a deposit collected for further surgery or emergency services. We accept cash, checks, and major credit cards, or we can help you establish a payment arrangement if approved by ScratchPay or Care Credit in advance of treatment. There will be a service charge for any check returned unpaid. We urge you to discuss all fees with the doctor before performing services.

Signature: _____

Date: _____