

## New Patient Registration

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

\*E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Previous Veterinary Hospital and Phone Number (if applicable):  
\_\_\_\_\_

*\*A rabies vaccination is mandatory in the state Florida, unless the pet has Rabies Exemption Certificate from a licensed veterinarian. If your pet does not have an up to date Rabies vaccine, your pet will be required to have it updated today. (Unless medically patient is ill, in which case we will update at a later date).*

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed: \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Male or Female (circle one) Spayed or Neutered (circle one if applicable)

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### ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, checks, all major credit cards, and CareCredit which can be approved in as little as 10 minutes. I have read and understand the above statements and agree to all terms therein.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_