

## NEW CLIENT REGISTRATION FORM

Owner's Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse/Partner

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work

Phone \_\_\_\_\_

Email (for reminders

only) \_\_\_\_\_

### How did you hear of Dr. Shane's?

Previous client of Dr. Shane \_\_Yelp\_\_Google\_\_Post Card\_\_Other\_\_\_\_\_ Referred By \_\_\_\_\_

*All fees incurred at Dr. Shane's Veterinary Clinic are to be paid at the time services are rendered.*

Pet #1

Pet #2

Pet #3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Breed \_\_\_\_\_

Breed \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

Age/DOB \_\_\_\_\_

Age/DOB \_\_\_\_\_

Age/DOB \_\_\_\_\_

Sex: Male\_\_ Female\_\_\_\_\_

Sex: Male\_\_ Female\_\_\_\_\_

Sex: Male\_\_ Female\_\_\_\_\_

Neutered/Spayed\_\_\_\_\_

Neutered/Spayed\_\_\_\_\_

Neutered/Spayed\_\_\_\_\_

Vaccination Dates \_\_\_\_\_

Vaccination Dates \_\_\_\_\_

Vaccination Dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Medications \_\_\_\_\_

Medications \_\_\_\_\_

Medications \_\_\_\_\_

Food: Wet\_\_Dry\_\_Both\_\_\_\_\_

Food: Wet\_\_Dry\_\_Both\_\_\_\_\_

Food: Wet\_\_Dry\_\_Both\_\_\_\_\_

Do you brush your pet's teeth?

Yes No

Do you brush your pet's teeth?

Yes No

Do you brush your pet's teeth?

Yes No

Date of Last Dental Cleaning?

\_\_\_\_\_

Date of Last Dental Cleaning?

\_\_\_\_\_

Date of Last Dental Cleaning?

\_\_\_\_\_

Date of last Heartworm test?

\_\_\_\_\_

Date of last Heartworm test?

\_\_\_\_\_

Date of last Heartworm test?

\_\_\_\_\_

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*Cats Only*

*Cats Only*

*Cats Only*

Indoor/Outdoor/Both

Indoor/Outdoor/Both

Indoor/Outdoor/Both