

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 _____

-

-

-

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