

New Client Registration Form

Thank you for considering our hospital as your pet's provider of veterinary services. We are dedicated in providing focused, compassionate care to maintain the health of your pet and look forward to many future years together. Please complete this form as fully as possible prior to your first appointment, the required sections have a red * asterisk.

Your First and Last Name*: _____

Address*: _____ City*: _____ Postal Code*: _____

Contact Information*

(Home): _____ (Mobile): _____ (Work): _____

(Email): _____ Preferred Method of Contact* Text Phone Email

How Did You Find Out About Our Practice?*

Personal Referral Internet Search/Website PetSmart Facebook Google Other

If Other, please specify: _____

If Personal Referral, is there someone we can thank for this referral? _____

Please Tell Us About Your Pet*

Name: _____ Species: _____

Breed: _____ Gender: _____

Neuter or Spayed: **Yes** or **No** Birth date/Age: _____

Is your pet microchipped? **Yes** or **No** Does your pet have allergies? **Yes** or **No**

Previous medical conditions: _____

Medications: _____ Diet: _____

Does your pet share the house with any other pets? **Yes** or **No**

Previous Veterinary Practice (if any) _____

Photographic Consent*

I Consent to the use of photographs or video footage for use on the Lifetime Pet Care Practice website, in newsletters, social media and publications as well as for distribution to members. I further understand that this consent may be withdrawn by me at anytime, upon written notice. I give this consent voluntarily.

I Consent to the use of my pet(s) name(s) for the Lifetime Pet Care Practice website, newsletters, social media and publications.

Signature*

Date*