

# New Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: \_\_\_\_\_ Name of Spouse/Additional Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

Referred by: \_\_\_\_\_  
 Location/Sign  Google/Internet Search  
 Facebook  Internet Review Site (Angie's List, Yelp)  
 Other: \_\_\_\_\_

How would you prefer to receive exam & vaccine reminders?

Postcard  Email  
 Text Message  Phone call

Which social media platforms do you use? (Check any that apply.)

Facebook  Twitter  Pinterest  Instagram  
 LinkedIn  Google Plus  Snapchat  Vine

Preferred method of contact:

Phone Call  
 Text Message  
 Email

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Pet's Name: \_\_\_\_\_ Species (Dog, cat, rabbit, etc): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: M / F Is your pet spayed/neutered:  Yes  No  Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

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Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

**Yes. I authorize PRFAH to share my pet's photo & story.**  No. I do not authorize this.

2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The PRFAH staff is happy to provide estimates.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_