

New Client Registration

Pine Woods Animal Hospital

Welcome to our hospital! Thank you for giving us the opportunity to care for your pet.
Please fill out this form completely so that we may start a health record for your pet(s).

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ ZIP CODE _____

CITY _____ SPOUSE NAME _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ ADD. CELL _____

EMAIL _____

DRIVERS LIC # _____ (REQ. FOR CHECK APPROVAL)

NUMBER OF PETS IN HOUSEHOLD? DOGS ___ CATS ___ OTHER ___

HOW DID YOU LEARN OF OUR HOSPITAL? _____

Pet Health History

Pet 1) NAME _____ SEX _____ ALTERED? Y N

DATE OF BIRTH _____ BREED _____ COLOR _____

DOES YOUR PET HAVE A TATOO OR MICROCHIP # ? _____

Pet 2) NAME _____ SEX _____ ALTERED? Y N

DATE OF BIRTH _____ BREED _____ COLOR _____

DOES YOUR PET HAVE A TATOO OR MICROCHIP # ? _____

- Payment for all veterinary services is due at that time.
- Bounced check fees are \$45, plus any collection fees.
- Fees for missed appointments without 24 hours notice is \$40.
- Fees for missed surgery appointments without 48 hours notice is \$100.00

I understand and agree to the above hospital policy

Client

signature: _____ **Date:** _____