

# NEW CLIENT REGISTRATION



# Whitewater veterinary hospital

Welcome to Whitewater Vet Hospital! We are excited to serve both you and your pet. Please fill out the information below as accurately as possible. We use this information to contact you regarding upcoming appointments, follow-ups, updates during/after surgery, vaccine reminders, and prescriptions. This information is only used internally and is not shared.

**Your Full Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
(First) (M.I.) (Last)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alternate #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Does this person have authorization to give permission for treatment? Yes No**

**Driver's License** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ **Male or Female**

**Breed:** \_\_\_\_\_ **Dog/Cat/Other** \_\_\_\_\_ **Spayed/Neutered or Unsure**

**Has your pet had any exams, vaccines, or medical care prior to today's appointment? Yes or No**

If yes, where? \_\_\_\_\_ Do you have any previous records? Yes or No

May we contact your pet's previous vet to obtain a copy of their records? Yes or No

*Multiple Pets? Ask for an expanded Pet Information Form*

**How did you hear about us?** Phone Book \_\_\_\_ Facebook \_\_\_\_ Web Search \_\_\_\_ Whitewater Banner \_\_\_\_

Paddy's Paws Sponsor Ad \_\_\_\_ Shopper Advertiser \_\_\_\_ Other \_\_\_\_\_ Personal Referral \_\_\_\_

If a friend referred you, whom can we thank? \_\_\_\_\_

**Photo Consent** Yes \_\_\_\_ No \_\_\_\_

We love sharing pictures of our patients! Do you consent to us taking and sharing a photo of your pet?

We may share it on our website, social media, or in print (handouts, ads, etc). We will only include your pet's name and no other personal information, unless you request us to.

**Preferred Method of Payment** Cash \_\_\_\_ Debit/Credit Card \_\_\_\_ Check \_\_\_\_ Care Credit \_\_\_\_

All payments are due at the time of service. We accept Cash, Check, Credit/Debit Cards, & Care Credit (which can be approved in as little as 10 minutes). *If finances are a concern, please let our staff know and we can discuss financial options for the care your pet needs.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_