

NEW CLIENT REGISTRATION FORM

Date _____

Owner's Name _____ Spouse/Other _____

Address _____
Street/ PO Box City State Zip

Home # _____ Work # _____ Cell # _____

Email address _____

Employer's Name and Address _____

Spouse's/Other's Employer Name and Address _____

At what time _____ and what # _____ is it best to call about your pet?

In case of EMERGENCY, please call _____ at phone # _____

Pet's Name _____ Date of Birth _____

Dog ☐ Cat ☐ Other ☐ Breed _____ Color _____

Sex: Male ☐ Unneutered ☐ Neutered ☐

When? Female ☐ Unspayed ☐ Spayed ☐

When? _____

Reason for today's visit? _____

Has your pet been treated for any illness in the last year? Yes ☐ No ☐ If yes, specify
problem(s), treatment(s), medication(s) _____

Previous veterinarian(s) where past records can be obtained _____

How did you hear of us? _____

Names and types of any other animals that you own _____

OVER PLEASE >>>>>>>>

Donegal Animal Hospital's mission is to provide the highest quality of veterinary medical and surgical care for our clients and patients in a professional, caring and timely manner.

We require that care be paid for at the time of service and we accept cash, checks, Visa, Debit, MasterCard, Discover and CareCredit. We can help you apply for CareCredit.

New clients must pay with cash, credit cards or CareCredit for the first 6 months.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit will be required for admission and medical treatment.

Owner or Responsible Party Signature _____

Your form of payment: _____

So that we can better understand the relationship between you and your pet, please answer the following questions.

1. Which best reflects how you view your pet?

- ☐ Family member
- ☐ Practical companion
- ☐ Just an animal

2. Which best reflects how your pet joined your family?

- ☐ You wanted/acquired it
- ☐ It was given to you
- ☐ Object of compassion (stray)
- ☐ Functional (hunting, protection)

3. What can we do to meet your pet's health care needs? _____



COMPASSIONATE CARE FOR YOU AND YOUR PET