

## New Client Registration Form

Owner Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Co-Owner/Spouse Name Last: \_\_\_\_\_ First: \_\_\_\_\_

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

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

Phone Home/Primary: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please indicate how you would like us to contact you:

	Appointment Reminders	Pet (Vaccine) Reminders	Practice Personal Messages
Call: _____			
Text: _____			
Email: _____			
Postcard:	N/A		

How did you hear about our clinic?

- Yellow Pages     
  Sign     
  Facebook     
  Internet Search  
 Friend/Family \_\_\_\_\_     
  Other: \_\_\_\_\_

\_\_\_\_\_ **Please initial here to indicate your consent for Birch Lake Animal Hospital to use photos of your pet(s) in our online and print publications.**

**\*\*Birch Lake Animal Hospital requires payment at the time of service. We are unable to accept checks.**  
 Please let us know if you qualify for our senior discount (65 or older) of 10% off all non-taxable services.

\*\*All animals that stay in our hospital for any reason are required to be current on vaccinations. Please bring a copy of your pet's health record to your first appointment.

**Pet Information:**

Name: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Neutered: \_\_\_\_\_  
Female: \_\_\_\_\_ Spayed: \_\_\_\_\_  
Date of Birth or Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Neutered: \_\_\_\_\_  
Female: \_\_\_\_\_ Spayed: \_\_\_\_\_  
Date of Birth or Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Neutered: \_\_\_\_\_  
Female: \_\_\_\_\_ Spayed: \_\_\_\_\_  
Date of Birth or Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Neutered: \_\_\_\_\_  
Female: \_\_\_\_\_ Spayed: \_\_\_\_\_  
Date of Birth or Age: \_\_\_\_\_