

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: _____
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Name: _____
Dog: _____ Cat: _____
Breed: _____
Color: _____
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