

New Client Registration Form

Primary Owner Name Last: _____ First: _____
 Co-Owner/Spouse Name Last: _____ First: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Home: _____ Cell: _____ Spouse/Other Cell: _____
 Email: _____
Email addresses are used for clinic purposes only. We do not sell email addresses to third parties.

How did you hear about our clinic?

Yellow Pages _____ Sign _____ Facebook _____ Internet Search _____
 Friend/Family _____ Other: _____

Pet Information:

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

_____ **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.

