

# New Patient Registration

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

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

Pets Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: Dog Cat Sex: M F Spayed or Neutered? Yes No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Is your pet: Allergic to any medications/vaccines? \_\_\_\_\_

Currently taking any medications/special diet? \_\_\_\_\_

Up to date on Rabies vaccine? Yes No

It is required by law for your pet to have the rabies vaccine. If your pet has a current rabies done elsewhere, please bring records to your appointment.

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