

# Glove Cities Veterinary Hospital

“making a difference, one paw at a time” 



## Client Registration Form

Please check one:  New client  Current client

Name: \_\_\_\_\_  
Last First Middle Initial Spouse

Co-Owner's Name (if any) : \_\_\_\_\_

Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
Street City, State, Zip Street City, State, Zip

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ Best number to contact you on: \_\_\_\_\_ Spouses Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Spouse's Place of Employment: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? (check one)

Website  Phone Book  TV Commercial  Friend/Family, who can we thank? \_\_\_\_\_  
 Radio  Local Channel 18  Other (please specify) \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Birth Date/ Years Old: \_\_\_\_\_

Species: (check one)  Cat  Dog  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex:  Male  Female

Color: \_\_\_\_\_ Spayed/Neutered?  Yes  No

Where was your pet last examined? \_\_\_\_\_ When? \_\_\_\_\_

Can we contact this hospital for your pet's medical history? \_\_\_\_\_

Is your pet on heartworm preventative? \_\_\_\_\_

Any long term medical problems? \_\_\_\_\_

Current Medications: \_\_\_\_\_

\*Do we have permission to use a picture of your pet on our social media? (check one)  Yes  No

I understand that payment is due at the time of service and that I can pay by cash, check, MasterCard, Visa, Discover Card or Care Credit. I hereby authorize the doctor to examine, prescribe for, and treat the above pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_