

New Client Registration Form

No: _____

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Name of Additional Owner: _____
Relation to Owner: _____
Emergency Contact (other than self): _____
Emergency Contact Phone: _____

Primary Owner's Cell Phone: _____ Secondary Owner's Cell Phone: _____

Primary Phone (if other than above): _____ Email: _____

Drivers License# _____ **OWNER'S** Birthdate _____ (Required for dispensing certain medications)

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

How would you prefer to receive exam & vaccine reminders?
 Postcard Email Text message

Referred by: _____
 Location/Sign Google/Internet Search
 Facebook Internet Review Site (Angie's List/Yelp)
 Other: _____

Which social media platforms do you use? (Check any that apply.)
 Facebook Twitter Pinterest
 Instagram LinkedIn Snapchat

Please list all pets in your family below!
If you need room for more pets, please let us know

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: Yes No Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____
Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: Yes No Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____
Describe any known allergies: _____
Describe any known medical issues: _____

1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:
 Yes. I authorize AHHB to share my pet's photo & story. No. I do not authorize this.

2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The AHHB staff is happy to provide estimates.

Signature of Owner/Agent: _____ Date: _____
Signature of person presenting this pet **if** other than owner _____
Relationship to owner _____
Address of non-owner _____ Ph# _____(____)

Additional Pet Registration

No: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: __Yes __No __Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: __Yes __No __Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: __Yes __No __Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: __Yes __No __Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Breed: _____ Color/Special Markings: _____ Microchip: Yes/No
Date of Birth or Approximate Age: _____ Sex: M/F (circle one) Is your pet spayed/neutered: __Yes __No __Unsure
Previous Veterinarian, if any: _____
Current Medications (Including Supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known allergies: _____
Describe any known medical issues: _____