



NEW CLIENT FORM

Date: _____

Name: _____ Spouse/other: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: *home* _____ *cell* _____ *work* _____

Email: _____

We will only use your email for reminders, updates, new information, and client communication.

Previous veterinarian/clinic: _____

BAH has permission to request records from the above listed location: yes ___ no ___

Pets:

Name: _____ Species: _____ Breed: _____

Color: _____ DOB: _____ Sex: _____ Spayed/Neutered: Yes ___ No ___

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Color: _____ DOB: _____ Sex: _____ Spayed/Neutered: Yes ___ No ___

Name: _____ Species: _____ Breed: _____

Color: _____ DOB: _____ Sex: _____ Spayed/Neutered: Yes ___ No ___

Are any of your pets allergic to medications or vaccines? _____

Do any of your pets have any major medical problems? _____

How did you hear about us?

Direct Mail ___ Print Advertising ___ Location ___

Yellow Pages ___ Internet Search ___ Other _____

Referral ___, (please list name so that we may personally thank them. _____)

By signing and submitting this registration, I understand I am responsible for any charges incurred by my pet while in the care of the doctors at Belmont Animal Hospital and that charges are due and payable at the time of service.

Signature: _____ Date: _____