

PETCARE

HOSPITAL AND WELLNESS CENTER

Client Registration Form

Owner's Name(s): _____

Spouse or Co-Owners Name(s) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell: _____ **Home:** _____ **Work:** _____ (please include area code)

Email Address(es): _____

Would you like to receive emails for your pet's reminders? **Yes** **No** (circle one)

Others who we can release your pet and/or their info to: _____

| Pet's Name ----> | 1. | 2. | 3. | 4. |
|------------------|----|----|----|----|
| Female/Male | | | | |
| Age or D.O.B | | | | |
| Species | | | | |
| Breed | | | | |
| Color/Markings | | | | |
| Spayed/Neutered | | | | |
| Microchipped | | | | |

Previous Vet _____ City and State _____ Phone _____

Previous Vet _____ City and State _____ Phone _____

Previous Vet _____ City and State _____ Phone _____

You and your pet are the most important visitor in our hospital. What is most important to you when choosing a veterinary hospital?

Why did you leave your previous vet?

I understand that pictures of my pet may be taken. **I do/ do not** (circle one) give permission for the photos to be used in promotional materials and/or social media posts

I understand that payments are due at the time of service and that **Petcare Hospital & Wellness Center** does not extend credit. We accept Visa, Mastercard, Debit Card or Cash. Personal Checks not accepted.

Printed Name: _____ Date: _____

Signature: _____

How did you hear about us?

Friend - Please provide us with your friend's name, so that we can thank them for their referral.

Friend - not client

Drive By - I saw your sign

Direct Mailer

My apartment complex. Name: _____

Rescue Group: _____

Animal Shelter: _____

Yellow Pages

Referring Veterinarian. Please write the name of hospital: _____

Event _____

Other: Please specify _____

Online

If you found us online, please choose one of the following:

Google Search

Yelp.com

Google Ads

YP.com

Google + page and reviews

Our Website

Facebook

YouTube

American Animal Hospital Association
(AAHA)
website

Other: Please specify _____

For Office Use Only Initials

NCIF Entered _____