



## New Client and Patient Registration

WELCOME! Thank you for choosing *Suburban Animal Clinic*. We appreciate you entrusting your pet's care to us. Please help us to better serve your pet's needs today and in the future by taking a moment to share some important information with us. Then e-mail the information to us at [info@suburbananimalclinic.com](mailto:info@suburbananimalclinic.com) Thanks!

### PLEASE COMPLETE ALL SPACES

Owners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse/Other Name: \_\_\_\_\_ Phone \_\_\_\_\_

How/Why Did You Select Us? \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Best Way to Contact You (e-mail or phone): \_\_\_\_\_

Best Day & Time of Day to Contact You: \_\_\_\_\_

Reason For Appointment: \_\_\_\_\_

Is There a Day or Doctor You Prefer for Your Appointment? \_\_\_\_\_

Pet's Name	<u>C</u> at <u>D</u> og <u>E</u> xotic	<u>M</u> ale <u>F</u> emale	<u>N</u> eutered <u>S</u> payed <u>I</u> ntact	Date of birth or age	Breed	Color	Date vaccines last given

We will gladly prepare a written estimate if you desire (please ask a staff member). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept MasterCard, Visa or Discover as means of credit. There will be a \$30.00 service charge for any returned check.