KINDNESS PET CLINIC

NEW CLIENT REGISTRATION FORM

Thank you for considering our hospital as your pet's provider of veterinary services. We are dedicated to maintaining the health of your pet and look forward to many future years together.

Please complete this form as fully as possible prior to your first appointment which will help expedite the registration process and give us valuable insight in providing optimal care for your pet(s). The required sections have a red * asterisk.

Owner's Contact Info

Name: _____ **Ph:** _____ **Email:** _____

Address: **Ph:** _____

_____ _____

Address | Postal Code State / Province

_____ _____

Address Line 2 Country

Co-Owner's Contact Info

Name: _____ **Ph:** _____

How did you find out about us?

- ○ Clinic Location
- ○ Clinic Sign
- ○ Personal Referral
- ○ Newspaper / Print Media
- ○ Internet
- ○ Other
- ○ Yellow Pages

_____

If Personal Referral, is there someone we can thank for this referral?

_____

Please use this area to give us any other relevant information about yourself or your family

Pet Information

Name: _____ **Breed:** _____ **Color:** _____

Age: _____ **Species:** _____ **Sex:** _____

Special Identification (tattoo, microchip, etc)

Previous Veterinary Practice: _____

Previous Veterinarian: _____

Date of last Vaccine and what was given at said time:

List any and all supplements your pet is taking:

List the type of food your pet eats

Does your pet have allergies or drug reactions:

Are there any other medical conditions we should be aware of?

Please use this box to tell us any relevant information about your pet:

SIGNATURE

DATE mm / dd / yyyy