



New Client Registration Form

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

Owner's Name: _____ Name of Spouse/Additional Owner: _____
 Mailing Address: _____ Street Address: _____
 Town: _____ State: _____ Zip: _____ Town: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Emergency Contact: _____

Which social media platforms do you use? (Check any that apply.)

Facebook Twitter Pinterest Instagram
 LinkedIn Google Plus Snapchat Vine
 Other _____

How did you find out about our practice? (Check any that apply.)

Referred by: _____ Location/Sign
 Internet where _____ Facebook
 Other: _____

Preferred method of contact:
 Phone Call
 Text Message
 Email

How would you like to receive exam & vaccine reminders?
 Postcard Email
 Text Message Phone call

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
 Breed: _____ Color/Special Markings: _____
 Date of Birth or Approximate Age: _____ Sex: M / F Is your pet spayed/neutered: Yes No Unsure
 Previous Veterinarian, if any: _____ Phone #: _____
 Current medications (Including supplements, heartworm preventatives, flea/tick preventatives: _____

Describe any known medical issues or allergies: _____

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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 PVVH to share my pet's photo & story. No. I do not authorize this.

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

Signature of Owner/Agent: _____ Date: _____