

REDLANDS PET CLINIC

New Client Registration Form



Please fill out to the best of your ability. If you are unsure of any questions, leave blank or write "N/a".

LAST NAME

FIRST NAME

ADDRESS

CITY

ZIPCODE

PHONE

BEST TIMES TO CONTACT

CHECK ALL BOXES THAT APPLY

MORNING AFTERNOON EVENING

EMAIL

BEST WAY TO CONTACT

CHECK ALL BOXES THAT APPLY

CALL TEXT EMAIL

EMPLOYER (OPTIONAL)

REFERRED (OPTIONAL)

SSN# (OPTIONAL)

SPOUSE/PARTNER'S NAME (OPTIONAL)

SPOUSE/PARTNER'S PHONE (OPTIONAL)

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

PET'S NAME

PET TYPE

PLEASE SELECT THE SPECIES OF YOUR PET

FELINE/CAT CANINE/DOG

BREED(S)

COAT COLOR(S)

SEX

SELECT YOUR PET'S SEX

MALE FEMALE

SURGICAL STERILIZATION

SELECT SPAYED, NEUTERED, OR NONE

SPAYED NEUTERED NONE

BIRTHDATE/AGE

Date of Last Vaccination or Booster

RABIES: (OPTIONAL)

DHPP: (OPTIONAL)

LEPTOSPIROSIS: (OPTIONAL)

BORDETELLA: (OPTIONAL)

FVRCV: (OPTIONAL)

We Request 24 Hours' notice for an Appointment Cancellation. A Missed Appointment with NO Call Will Result In A Fee of \$25 Being Charged to You, After the 2ND Missed Appointment, we will NO Longer Be able to Treat your PET(s).

By Signing this you are agreeing to our terms and Giving Redlands Pet Clinic Permission to Obtain your Pets medical history from Previous Veterinarian upon Request.

PREVIOUS VETERINARIAN/CLINIC NAME & PHONE:

SIGNATURE OF OWNER:

DATE: