

Cleveland Park Animal Hospital of Travelers Rest

New Client Registration Form

Client Information:

Date: _____

Owner's Name: _____

Home Phone: _____

Spouse's Name: _____

Cell Phone: _____

Mailing Address: _____ City _____

Physical Address: _____ City _____

Email Address: _____ Alternate Phone: _____

Yes, I would prefer reminders for my pets visits to be emailed to me (your email address will not be shared).

Communications Preference: Text Email Phone

Pet Information:

Name: _____ Male Female Spayed/Neutered Cat Dog Other: _____

Weight: _____ Color: _____ Breed: _____ Date of Birth or Age: _____

Does your pet have any medical conditions we should know about? _____

What medications is your pet currently taking? _____

How often do you give Heartworm prevention? Every Month Missed <2 months Missed 3-4 months Never

How often do you use Flea/Tick prevention? Every Month 8-10 months of the year 6-8 months of the year < 6 months of the year

Reason for today's visit: Vaccines Sick Boarding Groomin Recheck Other: _____

Does Pet Have Insurance No Yes If yes with whom: _____

Financial Information:

By signing this form I am declaring that I am the owner and financially responsible for all patients under my account and I understand and agree to the fact that it is a policy of this animal hospital to receive payment as services are rendered, which could include a deposit upon admission to the hospital for treatment.

Sign: _____ Print Name _____

FOR THE SAFETY OF ALL PETS AND PEOPLE, PLEASE KEEP YOUR PETS RESTRAINED BY LEASH OR CARRIER AT ALL TIMES. THANK YOU.