



Cultivating and Celebrating the Human – Animal Bond

## New Client Registration

*Thank you for the opportunity to get to know you and your pet.*

*Please complete the following questions to assist us in making your experience here as positive and informative as we can.*

### Owner Information:

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

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

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

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

E-mail Address: \_\_\_\_\_

Employers Name & Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Health History:

Name: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Breed: \_\_\_\_\_

Dog  Cat  Male  Female  Spayed  Neutered

Past Surgeries/Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Vaccination History: \_\_\_\_\_

Reason For Visit: \_\_\_\_\_

Preferred Appointments: Day of Week: \_\_\_\_\_ Before / After: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about our hospital?

Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

Individual: \_\_\_\_\_

Phone Book     AAHA Referral     Hospital Sign     Internet     Other: \_\_\_\_\_

*Payment is required at the time of service. Please ask a member of the staff for a written estimate of potential cost.*

1726 Harwood Hill, Bennington, VT 05201

