



NEW CLIENT REGISTRATION FORM

Today's Date: _____

Owner Information

Owner Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____

Cell #: _____

Email: _____

How did you hear about us? _____

Previous Veterinarian: _____

May we contact them to obtain your pet's records? **YES** **NO**

May we use your pet's photo(s) on our social media? **YES** **NO**

Pet Information

Pet #1: Dog or Cat (please circle)

Name: _____ **MALE or FEMALE**

Breed: _____

Birthdate or Age: _____

 Spayed or neutered? YES NO Microchipped? YES NO
On Heartworm Prevention? YES NO On flea/tick prevention? YES NO

Known allergies: _____

Current medications: _____

Current diet: _____

Pet #2: Dog or Cat (please circle)

Name: _____ **MALE or FEMALE**

Breed: _____

Birthdate or Age: _____

 Spayed or neutered? YES NO Microchipped? YES NO
On Heartworm Prevention? YES NO On flea/tick prevention? YES NO

Known allergies: _____

Current medications: _____

Current diet: _____

PAYMENT IS DUE AT TIME SERVICES ARE RENDERED, WE DO NOT BILL
Accepted forms of payment are cash, Care Credit, Visa, Mastercard, Discover, and American Express.

I, the undersigned owner or authorized agent of the above admitted patient(s), hereby authorize the doctors of Dickson Veterinary Clinic to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that DVC does not offer payment plans. In the event of some medical procedures and care a deposit prior to treatment may be required.

Owner Signature: _____ **Date:** _____