



## **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:** \_\_\_\_\_