

# Welcome to Southeast Animal Clinic



## New Client Registration Form

Thank you for choosing us as your pet's provider of veterinary services. We are dedicated to maintaining the health of your pet and look forward to many years together. Please help us provide your pet with the best care possible by completing the information on this form.

### Client Information:

Mrs.  Mr.  Dr.  Ms.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_ *If personal referral, by whom?* \_\_\_\_\_

### Pet Information (please complete for each pet):

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_  Male  Female  Spayed/Neutered

Any Allergies?  Yes  No If so, please explain: \_\_\_\_\_

Up to date on vaccinations?  Yes  No Previous Veterinarian (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_  Male  Female  Spayed/Neutered

Any Allergies?  Yes  No If so, please explain: \_\_\_\_\_

Up to date on vaccinations?  Yes  No Previous Veterinarian (if applicable): \_\_\_\_\_

### Media Release

I hereby give Southeast Animal Clinic permission to take photographs and videos of my pet(s) for the purpose of posting on Southeast Animal Clinic's social media accounts and their clinic website. I hereby release and discharge Southeast Animal Clinic from any and all claims arising out of use of these photos.  Yes  No

If you selected yes, please Initial: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarians and staff of Southeast Animal Clinic to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred during the care of this animal. I also understand that payment is due at the time services are rendered and that a deposit may be required for surgical treatments or hospitalizations.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_