



New Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Info

Owner's Name _____

Address _____

State _____ Zip _____ DL# _____

Phone: _____ Alt Phone: _____

Email _____

Co Owner's Name (if applicable) _____

Address _____

State _____ Zip _____ DL# _____

Phone: _____ Alt Phone: _____

Email _____

Emergency Contact (if not able to contact above) _____

Preferred method of contact:

Call Text Email

How would you prefer to receive exam & vaccine reminders

Call Text Email

How did you find out about us?

Searched Online

Yelp

Other _____

Friend _____
Friend's name? (for credit)

What Social Media do you use?

Facebook

Instagram

Twitter

Other _____

Pet's Info

Pet's Name _____ Sex: M F

Date of Birth or Approximate Age? _____ Species (Dog, cat, rabbit, etc): _____

Breed: _____ Color/Special Markings: _____

Is your pet spayed/neutered:

Yes No Unsure

Previous Veterinarian (if any) _____

Phone _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Describe your pet's diet? _____

Describe any known allergies? _____

Describe any known medical issues? _____

1) PHOTO CONSENT: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared.

Yes. I authorize CPH to share my pet's photo & story.

No. I do not authorize this.

2) TREATMENT CONSENT: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The CPH staff is happy to provide estimates upon request.

SIGNATURE _____ **DATE** _____