



Teresa Smith, D.V.M.
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NEW CLIENT REGISTRATION FORM

Name _____ Spouse _____

Home address (street) _____

(city) _____ (state) _____ (zip) _____ Primary address? Y / N

Mailing address (street) _____

(city) _____ (state) _____ (zip) _____

PHONE (home) _____ (cellular) _____ (work) _____

E-mail address _____ | Fax number _____

*We send newsletters and reminders via e-mail, please provide an e-mail address for your convenience. Thank you.

Employer _____ May we call you at work? Yes / No

Spouse's Employer _____ Phone _____

Whom may we thank for referring you? _____

DO YOU NEED MEDICATIONS DISPENSED IN CHILDPROOF CONTAINERS? Yes / No

IS ANYONE IN YOUR HOUSEHOLD SICK OR IMMUNE-COMPROMISED? Yes / No

PET INFORMATION

	<i>Pet #1</i>	<i>Pet #2</i>	<i>Pet #3</i>
<i>Name</i>			
<i>Species – Canine/Feline</i>			
<i>Date of Birth/Age</i>			
<i>Breed</i>			
<i>Color</i>			
<i>Sex – Male/Female</i>			
<i>Neutered/Spayed? Yes/No</i>			
<i>Does your pet like other pets? Yes/No</i>			
<i>Any known allergies? If so, what are they?</i>			

Name & Phone of previous veterinary clinic: _____

Can we request medical records from your previous veterinary clinic? Yes / No

PAYMENT IN FULL IS DUE AT THE TIME OF EACH VISIT

For your convenience we accept cash, check and most major credit and debit cards.

If you choose to write a check, please complete the following:

Driver's Licence # _____ S.S.N _____

Pet Insurance: Y / N Carrier: _____ Policy # _____

Have you been approved for Care Credit? Y / N

By signing below you are affirming that all statements above are complete and true and you give Heron Creek Animal Hospital, its doctors, and staff to release any pertinent medical information to a third party as needed for their medical care.

Signature _____ Date _____