



INDEPENDENCE  
VETERINARY HOSPITAL

### New Client Registration Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Co-Owner/Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Client DOB \_\_\_\_\_

E-mail Address \_\_\_\_\_

**How Did You Become Aware of Our Hospital? Please circle:**

Google? Bing? Yahoo? Drove by? Returning Client? Referred by friend/family? Other: \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

**PET INFORMATION**

**Pet #1** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered Male  Female  Spayed Female

**Pet #2** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered Male  Female  Spayed Female

Previous Veterinary Hospital: \_\_\_\_\_

Known medical illnesses or previous surgeries? \_\_\_\_\_

Allergic to vaccines or medications? \_\_\_\_\_

Is your pet on any special food diets or medications? \_\_\_\_\_

I understand that Independence Veterinary Hospital has continuous medical staffing during posted hospital hours ONLY. Should your pet require continuous 24 hour medical care, we will refer you to a local emergency center.

In an effort to keep costs down, we have established the following policy: Payment is due at the time of service. We accept MasterCard, Visa, Discover, American Express, Care Credit, Apple Pay and Cash.

*If you are unable to keep your scheduled appointment, kindly give a 24-hour notice so that we may schedule another patient. A charge of \$50.00 may be charged for failure to keep scheduled appointments or for late arrivals. Late arrivals of more than 15min may need to be rescheduled.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_