



NEW PATIENT REGISTRATION FORM

Please provide the information below as complete as possible and fill out both pages. All information is held strictly confidential.

Owner / Caregiver

Owner /Caregiver _____ Partner /Spouse _____

Home Phone _____ Work phone _____

Alternate phone _____

Street Address _____ City _____

State _____ Zip _____ Email _____

Pet Information

Pet Name _____ Species: Dog ___ Cat ___ others _____

Breed _____ Age / Birthdate _____ Gender: Male ___ Female ___

Color / Marking _____

Spayed / Neutered? Yes ___ No ___ Unknown _____

Does your pet have any history of aggression towards **people** or other **animals**? Yes ___ No ___

Current medications your pet is taking, including HW/Flea and Tick preventatives

Reason for todays' visit: _____

Past Medical History:

Are Vaccinations Current? Yes ___ No ___ Unknown ___

Date of last HW test and any Blood work/fecals _____

Dates of X-rays/Ultrasound, if any: _____

Medical conditions your pet has been diagnosed with



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Referral/Previous Veterinarian Information

Name _____ Phone _____

I/We authorize Woolbright Vet to get previous records: Yes ___ No ___

How did you hear about our clinic?

Website _____ Phone Book _____ Drive By _____ Other _____ Referral _____

Whom may we thank for referring you? _____

Would you like to receive texts for appointment confirmations/reminders?

Yes _____ No _____ If yes, what is your cell phone carrier? _____

Statement of Ownership

Do you certify that you are the owner and/or agent of the above animal and have the authority to consent to treatment if and when it is needed? Yes _____

Forms of Payment

We accept **VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS**. We offer **Care Credit** if you need a payment plan. **NO CHECKS ACCEPTED** or you certify that you are the owner.

I Understand _____

I also understand that these charges will be paid at the time of release, and that a **deposit** will be required for hospitalization, surgery, or treatment.

I Understand _____

I agree that in the event of default, I will be responsible for any legal fees and/or collections costs and a finance charge of 1.5% per month (18% per annum)

I Understand _____

Owner/Caregiver

Date