

Welcome!  
New Client Registration

Client Information

Your Name: \_\_\_\_\_ Spouse/Co-owner name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Spouse/Co-owner Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Spouse/Co-owner Drivers License: \_\_\_\_\_

Patient Information

Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Does your pet have any vaccine reactions? Yes  No  Date of last vaccines: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Does your pet have any vaccine reactions? Yes  No  Date of last vaccines: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Does your pet have any vaccine reactions? Yes  No  Date of last vaccines: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_



How did you hear about us?

Facebook  Website  Google  Friend/Family

Who may we thank? \_\_\_\_\_

\*\*\*If the client is active you **BOTH** get a \$15 referral credit!\*\*\*

Social Media Release

I give Dale Animal Hospital permission to post a picture of my pet on Facebook, under the Dale Animal Hospital Facebook account only.

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

Payment Policy

Dale Animal Hospital requires payment is due in full at time of services rendered. Please request an estimate from your Technician or Doctor before agreeing to any treatments, blood work, surgeries etc. We accept cash, check, care credit and all major forms of credit cards. (Visa, Mastercard, Discover, American express)

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

\*\*If using a check please provide your social security number: \_\_\_\_\_\*\*

Consent to Treat

I authorize the Veterinarians at Dale Animal Hospital to perform treatment on my pet. I assume all responsibility for the charges that are incurred for this animal.

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