

New Client Registration Form

Owner Name Last: _____ First: _____

Co-Owner/Spouse Name Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home/Primary: _____ Cell: _____ Work: _____

Email: _____

*Birch Lake Animal Hospital does not sell any client information to third parties. We do use email addresses for reminder notifications and to send out information on our promotions. **Please initial here if you would like to opt out of these emails.** _____*

How did you hear about our clinic?

Yellow Pages

Sign

Facebook

Internet Search

Friend/Family _____

Other: _____

Pet Information:

Name: _____

Name: _____

Dog: _____ Cat: _____

Dog: _____ Cat: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Male: _____ Neutered: _____

Male: _____ Neutered: _____

Female: _____ Spayed: _____

Female: _____ Spayed: _____

Date of Birth or Age: _____

Date of Birth or Age: _____

****Birch Lake Animal Hospital requires payment at the time of service. We are unable to accept checks. Please let us know if you qualify for our senior discount (65 or older) of 10% off all non-taxable services.**

****All animals that stay in our hospital for any reason are required to be current on vaccinations. Please bring a copy of your pet's health record to your first appointment.**