New Client Registration

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

Owner's Name: _____ , _____ **Work #:** _____
LAST FIRST

EMAIL: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary #: _____ Home ☐ Cell ☐ **Alt. Contact:** _____

Alternate #: _____ Home ☐ Cell ☐ **Alt. Contact's #:** _____

Patient Information	**Pet #1**	**Pet #2**
Name		
Breed		
Date of Birth		
Color		
Sex / Spayed or Neutered?		

Any Special Notes: _____
_____
_____

Your Dog's Medical History	***Date***	***Date***
Rabies Vaccine		
DA2P-P Vaccine		
Kennel Cough Vaccine(Bordetella)		
Heartworm Test		
Fecal (stool sample)		
Microchip Implanted?		

Your Cat's Medical History	***Date***	***Date***
Rabies Vaccine		
FVR-CP Vaccine		
Feline Leukemia Vaccine		
Feline Leukemia Test		
Fecal (stool sample)		
Microchip Implanted?		

How did you become aware of our clinic? ☐ Drove by ☐ Yellow Pages ☐ Internet ☐ Previous Client ☐ Personal Referral (Whom may we thank?) _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME OF SERVICES

I agree to pay any expense incurred by Evergreen Veterinary Clinic, including reasonable attorney's fees, expended in the collection or enforcement of any of the terms of this contract including payment for the services and goods herein.

Driver's License # or State Identification #: _____ **Exp. Date:** _____

Signature: _____ **Date:** _____

Service charge of 1.5% per month will be charged on past due accounts – Annual Rate is 18%.