

# Client Registration Form

Thank you for considering our hospital as your pet's provider of veterinary services. We are dedicated in providing focused, compassionate care to maintain the health of your pet and look forward to many future years together. Please complete this form as fully as possible prior to your first appointment, the required sections have a red \* asterisk.

Your First and Last Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

## Contact Information\*

(Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_ (Work): \_\_\_\_\_

(Email): \_\_\_\_\_ Preferred Method of Contact\*  Text  Phone  Email  Petly

## How Did You Find Out About Our Practice?\*

Personal Referral  Internet Search/Website  PetSmart  Facebook  Google  Other

If Other, please specify: \_\_\_\_\_

If Personal Referral, is there someone we can thank for this referral? \_\_\_\_\_

## Please Tell Us About Your Pet\*

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Neuter or Spayed:  Yes or  No Birth date/Age: \_\_\_\_\_

Is your pet microchipped?  Yes or  No Does your pet have allergies?  Yes or  No

Previous medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_ Diet: \_\_\_\_\_

Does your pet share the house with any other pets?  Yes or  No

Previous Veterinary Practice (if any) \_\_\_\_\_

Permission to get medical records from previous veterinary hospital:  Yes or  No

## Photographic Consent\*

I Consent to the use of photographs or video footage for use on the Kennedy Heights Animal and Bird Hospital website, in newsletters, social media and publications as well as for distribution to members. I further understand that this consent may be withdrawn by me at anytime, upon written notice. I give this consent voluntarily.

I Consent to the use of my pet(s) name(s) for the Kennedy Heights Animal and Bird Hospital website, newsletters, social media and publications.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date\*