



# New Client Registration

**Owner's Name: (Ms Mrs Mr)** \_\_\_\_\_  
Last First

**Spouse/Other (Ms Mrs Mr)** \_\_\_\_\_  
Last First

**Physical Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DRIVER'S LISCENSE # (Req. for checks):** \_\_\_\_\_  
State Exp

**Occupation/Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Where do you prefer to be contacted?** Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

**Preferred Method of Payment:** CASH ( ) CHECK ( ) MAJOR CREDIT CARD ( )

**How did you hear about us? (Please indicate which person(s), business or Veterinarian so that we may thank them:** Newspaper ( ) Flyer ( ) Sign/Drive by ( ) Friend ( ) Magazine ( ) other ( ) Web ( )

**Name of person(s), store or paper which referred you:** \_\_\_\_\_

	Pet 1		Pet 2		Pet 3		Pet 4	
<b>Name</b>								
<b>Species</b>								
<b>Breed</b>								
<b>Sex</b>	M	F	M	F	M	F	M	F
<b>Spayed/Neutered</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Birth date</b>								
<b>Color</b>								
<b>Vaccines Due?</b>								

**I hereby authorize Southern Hills Veterinary Hospital to render surgical and/or medical care for my pet(s). I understand that payment is due in full at the time services are rendered, and a deposit is required before surgery or treatment can be initiated. Unpaid balances accrue finance charges of 18% annually.**

**Signature of Owner/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:** [ ] **Check when Entered** [ ] **Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Welcome Email Sent:** [ ] **Initials:** [ ] **Date:** \_\_\_\_\_  
**Email Added to Gmail** [ ] **Initials:** [ ] **Date:** \_\_\_\_\_