

NEW CLIENT REGISTRATION

PERSON INFORMATION

Client Name: _____

Address: _____

Zip Code: _____ Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

Email: _____ (for reminders only: check here if declined___)

We are active duty or retired military: YES NO

We are over the age of 65: YES NO

PET INFORMATION

Pets Name: _____ Breed: _____ Color: _____

Date of Birth: (can be approximate) _____ Microchipped ? YES NO

(Additional pets may be added on reverse!)

Sex: (Check one) Neutered Male Spayed Female Intact Male Intact Female

Please list all Veterinary Clinics your pet has gone to before. We would like to call to retrieve your pets medical history.

****HOW DID YOU HEAR ABOUT US ?****

(please check where appropriate)

Family/ Friend referral _____ (If you were recommended to us by another client please give us their name so they may receive a discount off their next visit!)

Internet search _____ New Falcon Harold _____ Yellow Pages _____ Direct Mailing _____ Drive by

Antler Creek Golf Course _____ Other _____

We would like to take a picture of your pet for their file and share their picture on social media and on our clinic slideshow. Please Check One of the following boxes to give your consent.

____ I only give consent for my pets picture to be used in their medical file that will not be distributed without my permission

____ I give consent for my pets picture to be used in their medical file, social media, and Tender Care Veterinary Centers' Slideshow

Your positive Google reviews are appreciated. After reviewing us, we will place your name in our quarterly drawing for an awesome prize! Please LIKE us on FACEBOOK and visit our Website for monthly promotions at www.tcvetcenter.com

Thank you for all your support from the Tender Care Veterinary Center Team !

ADDITIONAL PET INFORMATION

Please fill out if you have more then one pet that will be coming to us for veterinary services or grooming services.

Pets Name: _____ Breed: _____ Color: _____

Date of Birth: (can be approximate) _____ Microchipped? YES NO

Sex: (Check one) Neutered Male, Spayed Female, Intact Male, Intact Female

Please list all Veterinary Clinics your pet has gone to before. We would like to call to retrieve your pets medical history. If this is the same for this pet please check box.

Pets Name: _____ Breed: _____ Color: _____

Date of Birth: (can be approximate) _____ Microchipped? YES NO

Sex: (Check one) Neutered Male, Spayed Female, Intact Male, Intact Female

Please list all Veterinary Clinics your pet has gone to before. We would like to call to retrieve your pets medical history. If this is the same for this pet please check box.

Pets Name: _____ Breed: _____ Color: _____

Date of Birth: (can be approximate) _____ Microchipped? YES NO

Sex: (Check one) Neutered Male, Spayed Female, Intact Male, Intact Female

Please list all Veterinary Clinics your pet has gone to before. We would like to call to retrieve your pets medical history. If this is the same for this pet please check box.

If you fill out this form online please email it to us @ tcvetcenter@gmail.com, or bring it in with you. We also ask that you come in 10 - 15 minutes early to confirm/update your information.

Please initial after reading each line carefully.

____ I understand that my pet (Cat or Dog) **MUST** be on a leash or in a carrier at all times while on the property for their safety and the safety of others.

____ I understand that if I need to cancel an appointment that has already been scheduled, it is requested to cancel the appointment 24 hours in advance.

____ I understand that it is requested to arrive 5 minutes early for my appointments.

____ I understand that if I am more than 10 minutes late for my scheduled appointment, I could see a wait time while the doctor fits me into their moving schedule.

____ I understand that if I do not call or arrive for my scheduled appointment (No call, No show) that it may be required to prepay for my future visits.

____ It is requested that if your pet is being seen for a possibly contagious virus/ infection that I let the reception staff know of my arrival prior to bringing in my pet. (This will ensure the staff has a room available for the patient right away)

____ TCVC requests that if your pet has not had all of it's puppy/kitten vaccines up to it's rabies vaccine, that you keep the pet in your arms and off of the floors.

I authorise the following people to bring my patient in for care other than myself:

Name/Phone Number

Name/Phone Number

____ I verify that this is my personally owned pet. This pet is not a foster pet in my care and I am the sole/joint owner of this pet.

If this patient is a foster in your care, please list the Rescue or Organization below

Organization Name

Point of Contact (If any)

Organization Phone Number

Client Signature

Date

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