



New Client Registration Form

Thank you for giving us the opportunity to care for your pet. So that we may better serve your needs, please complete the following form and bring it to the animal hospital at the time of your appointment. (Please Print)

Date_____

Owner's Name_____Spouse_____

Address_____

City_____ Zip_____

Home Phone_____ Work Phone_____

Cell_____ Email_____

May we call you at work? Yes No Spouse's Phone_____

How did you hear about Long Trail Veterinary Center?

How do you prefer to get reminders: email phone calls mail all the above

Would you be interested in Acupuncture for your pet? Yes No

List any other services you might be interested in the future:_____

Preferred payment method.

Professional fees are to be paid at the time services are rendered. Major surgeries, critical care, and emergencies require advance deposit.

Cash/Check

Visa

Mastercard

CareCredit (www.carecredit.com)

I understand that, while Long Trail Veterinary Center staff members take every precaution to protect your pet, there is always the unforeseen risk of disease transmission and/or injury. Your signature below acknowledges the Hospital is not liable.

Signature of owner or person presenting the pet:

Obtaining files and history is necessary for standard of care. Please provide previous vet contact info?

Clinic name_____ phone_____

Reason for your visit today:

Please fill out below, but if you don't know the answers leave blank:

| | Pet 1 | Pet 2 | Pet 3 |
|---------------------------|--------------|--------------|--------------|
| Name | | | |
| Species (cat,dog, other) | | | |
| Breed | | | |
| Description (color) | | | |
| Date of birth | | | |
| Sex | | | |
| Altered or Spayed | | | |
| Dates Vaccinated: | | | |
| Leptospirosis (Dog) | | | |
| DA2PP (Dog) | | | |
| Lyme (Dog) | | | |
| Corona (Dog) | | | |
| Canine Influenza | | | |
| FVRCP (Cat) | | | |
| Rabies (Both) | | | |
| Heartworm Test | | | |
| Fecal Check (dewormed) | | | |
| Feleuk Test (Cat) | | | |
| Feleuk Vaccine (Cat) | | | |
| Bordetella (kennel cough) | | | |
| Last dental cleaning | | | |
| Diet? | | | |
| Heartworm Prevention | | | |
| Flea/Tick Control(type) | | | |
| Allergies (testing?) | | | |

Please describe any referrals, surgeries, disease diagnosis, or other significant Medical Information:
