



New Client Registration Form

Thank you for giving us the opportunity to care for your pet.
Please take the time to fill out this form completely.

Owner's Name: _____ Name of Spouse/Additional Owner: _____
 Street Address: _____ Spouse Phone: _____
 _____ Spouse Email: _____
 City: _____ State: _____ Zip: _____ Address if different from Owners: _____
 Driver's License #: _____
 Primary Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Emergency Contact: _____

How did you find out about our practice?
 (Check any that apply. If you were referred by a current client, tell us so we can thank them!)

Referred by: _____
 Drove By Google/Internet Search
 Facebook Yelp
 Other: _____

Which social media platforms do you use?
 (Check any that apply.)

Facebook Twitter LinkedIn
 Instagram Google + Snapchat

Preferred method of appointment reminders:*

Phone Call Text Message Email

By checking the "text message box above" and signing below, you are electing to opt-in for the SMS text messaging & e-mail services. Message and data rates may apply.

*Not all reminder options are available at all locations.

Pet's Name: _____ Species: Dog Cat Other: _____
 Breed: _____ Color/Special Markings: _____
 Date of Birth or Approximate Age: _____ Sex: M / F Spayed or Neutered? Yes No Unsure
 Previous animal hospital, if any: _____

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Media Release: We love staying connected with our clients on social media! Please check the box below to authorize the Eastside Animal Hospital team to share your pet(s) image, likeness or story on social media, our website, our blog, and other forms of related media. Your name and personal information will never be shared.

Yes. I authorize EAH to share my pet's photo and story. No, please do not share my pet's photo or story.

Treatment Consent: I hereby authorize the veterinarian(s) of Eastside Animal Hospital to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for the charges incurred for the care provided. I also understand that payment is due in full at the time of service. Deposits may be required in some instances. For services requiring hospitalization, including boarding, fees are to be paid in full at discharge. In the event of a returned check or non-payment, I agree to be responsible for the \$35 collection fee, as well as a 1.5% service fee that will be added to the account in addition to the entire amount due.

Signature of Owner/Agent: _____ Date: _____

Must be 18 years or older to sign.