



# 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: \_\_\_\_\_

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

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

**Media Release:** We love staying connected with our clients on social media! Please check the box below to authorize the Southern Hills Veterinary 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 SHVH 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 Southern Hills Veterinary 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.