



New Client Registration

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Mailing

Address: \_\_\_\_\_

Physical Address (If different):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_)

\_\_\_\_\_ Email: \_\_\_\_\_ \*We use email for newsletters and reminders

How did you hear about us?

Facebook \_\_\_\_ Internet \_\_\_\_ Referral Vet \_\_\_\_ (Name \_\_\_\_\_)

Personal recommendation \_\_\_\_ (Whom can we thank? \_\_\_\_\_)

Other:

\_\_\_\_\_

***Pet information***

Name: \_\_\_\_\_ Age/Birthday:

\_\_\_\_\_

Species (cat, dog, etc.) \_\_\_\_\_ Breed

\_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_ Male  Female

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what?

\_\_\_\_\_

List any major surgeries your pet has had:

\_\_\_\_\_

All Professional fees are due at the time services are rendered unless prior arrangements have been made. Upon request, we will gladly prepare a written estimate of service fees along with a payment schedule. If payment arrangements are not made, and this account becomes delinquent, Prairie Summit Vet Service LLC reserves the right to turn the account to a collection agency. Associated fees will be charged to the account holder in addition to delinquent charges. I hereby authorize the veterinarian to exam, prescribe for or treat the described pets.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



List any behavior problems we need to be aware of:

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List any foods and treats you give your pet:

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Anything else you want us to know about you or your pet?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_