

# NEW PATIENT REGISTRATION

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Male/Neuter  Female  Female/Spay

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Male/Neuter  Female  Female/Spay

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Male/Neuter  Female  Female/Spay

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Male/Neuter  Female  Female/Spay

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Male/Neuter  Female  Female/Spay

I hereby, authorize Gibson Animal Clinic to use their judgment, to examine, prescribe for, or treat any pet belonging to me placed in their care. I understand all pets entering our clinic must be current on all vaccinations and free of internal and external parasites. I further understand that I am responsible for all charges incurred and payment is due prior to the release of the pet. There will be a \$35.00 charge for returned checks. Thank you for making us a partner in your pet's well being.

Signature \_\_\_\_\_

Date \_\_\_\_\_