

# Client Registration

Please take a moment to fill this out as completely as possible. This information will be used to better serve you and your pets.

New      Revised: \_\_\_\_\_

Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Mr. Mrs. Miss Dr.      First Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

## Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Home Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Spouse Cell: \_\_\_\_\_ Spouse Work: \_\_\_\_\_  
E-mail address (reminders/communication) \_\_\_\_\_  
Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Memorial Beach Veterinary Hospital is going **GREEN** and working toward using less paper. We appreciate you checking Email.  
How would you like to be contacted for reminders? **Email**  **Postcard**  **Email and Postcard**

## How did you become aware of our hospital?

Yellow Pages    Sign       Facebook       Our Mailer  
 Chamber of Commerce       Memorialbeachvet.com  
 Personal Recommendation- Who May We Thank? \_\_\_\_\_

## PLEASE NOTE THE FOLLOWING:

- Qualified personnel may not be continuously present in the hospital.
- All fees are to be paid at the time they are rendered
- A service charge will be applied to any late payments.

## We accept the following methods of payment:

CASH      MASTERCARD      VISA      DISCOVER      CARECREDIT®      AMERICAN EXPRESS

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

## PLEASE TELL US A LITTLE ABOUT YOUR PETS!

Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Approx Date of Birth: \_\_\_\_\_

Approx Date of Birth: \_\_\_\_\_

DogCat      Rabbit      Bird      Other

DogCat      Rabbit      Bird      Other

Male      Female      Neutered      Spayed

Male      Female      Neutered      Spayed

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Last Vaccines Given at: \_\_\_\_\_

Last Vaccines Given at: \_\_\_\_\_