

INDIAN CREEK PET HOSPITAL NEW PATIENT REGISTRATION

Your Name _____ Spouse/Other _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Referred By _____ Yellow Pages _____ Internet _____ Sign _____

(Client Name)

I am a _____ permanent _____ seasonal resident. *Email _____

*Please enroll me as a registered member of the hospital website: _____ **YES** _____ No

As a registered member I will be able to:

Check my pets' vaccination status / Request appointments, boarding / Purchase medication and food refills
/ Make better decisions about my pets' health and well-being / Discover ways to help my pet live a longer
and healthier life / Inform if my pet is missing or deceased / Notify of address change

*Please subscribe me to the **FREE** Pet Living and Wellness Newsletter: _____ **YES** _____ No

Topics of Interest: _____ Dogs _____ Cats _____ Horses _____ Birds _____ Reptiles _____ Rodents
_____ Dr/Member Announcements

Please note: Your privacy is important is important to us. All information received in all forms and through
other communication is subject to our **Patient Privacy Policy.**

PET INFORMATION

Pet's Name _____ Age/DOB _____ Color _____

_____ Male _____ Female

Dog / Cat / Other Breed _____ _____ Neutered _____ Spayed

Is your pet microchipped? _____ Are there children or other animals in the household? _____

Does your pet have allergies or health problems? _____

Please list any medications your pet is currently taking. _____

Which heartworm/flea prevention is your pet on? _____

Previous/Other Veterinarian _____ Phone _____

All payments are due when services are rendered.

We accept cash, checks (with proper identification), Visa MasterCard, Discover &
CareCredit which can be approved in as little as 10 minutes.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____