



New Customer Signup

Mr. _____ Spouse's _____
Mrs. Owner(s) _____
Dr. Last First M Initial Last First M Initial
Ms. _____

Email address _____

Mailing Address _____
Street City Zip code

Phone (home) _____ (work) _____ (cell) _____

Spouse's (work) _____ (cell) _____

Place of employment _____ / _____ Address _____
Employer Title

Spouse's place of employment _____ / _____ Address _____
Employer Title

When/where is the best time to reach you? _____ Phone # _____

How did you first become aware of our hospital?

- Yellow pages Hospital sign Website Search Engine Magazine Newspaper
- Billboard Radio Television Friend / Family Other _____

Personal recommendation – Who may we thank? _____
Name

If you have been a client of a veterinary hospital before, what were your reasons for leaving? _____

So that we are able to suit your individual needs – which do you feel most applies to you:

- I feel that my pet is another member of our family.
- I feel that my pet is just a pet.

- I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet, but there is a limit to what I am able to have done.
- I want you to perform only the services that I request.

- I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I like my pet, but don't need to know what has been done.

- When possible, I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

PAYMENT IS DUE AT THE COMPLETION OF SERVICES