



# New Client Registration Form

Thank you for giving us the opportunity to care for your pet. Please take the time to fill out this form completely.

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Name of Spouse/Additional Owner: \_\_\_\_\_

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

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

Address if different from Owners: \_\_\_\_\_

## How did you find out about our practice?

(Check any that apply. If you were referred by a current client, tell us so we can thank them!)

Referred by: \_\_\_\_\_

Drove By  Google/Internet Search

Facebook  Internet Review Site (Angie's List, Yelp)

Phone Book  Other: \_\_\_\_\_

## How would you prefer to receive healthcare reminders?\*

Postcard  Email

Text Message  Phone Call

\* Not all reminder options are available at all locations.

## Which social media platforms do you use?

(Check any that apply.)

Facebook  Twitter  Pinterest

LinkedIn  Instagram  Vine

YouTube  Google +  Snapchat

## Preferred method of appointment reminders:\*

Phone Call  Text Message  Email

By checking the "text message box above" and signing below, you are electing to opt-in for the SMS text messaging & e-mail services. Message and data rates may apply.

\* Not all reminder options are available at all locations.

Pet's Name: \_\_\_\_\_ Species: Dog Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: M / F Spayed or Neutered?  Yes  No  Unsure

Previous animal hospital, if any: \_\_\_\_\_

1) **Photo Consent:** We love staying connected with our patients on social media! Do we have your permission to share your pet(s)' image and story on social media, our website, our blog, and other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

**Yes. I authorize CHAH to share my pet's photo & story.**  No. I do not authorize this.

2) **Treatment Consent:** I hereby authorize the veterinarian(s) of Caring Hands Animal Hospital to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for the charges incurred for the care provided. I also understand that payment is due in full at the time of service. Deposits may be required in some instances. For services requiring hospitalization, including boarding, fees are to be paid in full at discharge. In the event of a returned check or non-payment, I agree to be responsible for any additional fees associated with collection.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_