

# New Client Registration

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

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

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

Spouse/Partner Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Spouse/Partner Email: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Species: Dog Cat Gender: Male Female Neutered/Spayed? Yes No

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

Reason for Visit/ Type of injury \_\_\_\_\_

Any underlying medical problems? Food/Treat Restrictions? Allergies to medications? :

\_\_\_\_\_

## Second Pet Information (if applicable):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Species: Dog Cat Gender: Male Female Neutered/Spayed? Yes No

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

Any underlying medical problems? Food/Treat Restrictions? Allergies to medications? :

\_\_\_\_\_

## Veterinarian Information:

Regular/Previous Clinic and Veterinarian Name: \_\_\_\_\_

Did you see an Emergency or Specialist Vet? Please list Hospital/names:

\_\_\_\_\_

How Did You Hear About Us: (i.e vet, specialist, previous client-name, internet, etc.)

\_\_\_\_\_

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