



CLIENT & PET REGISTRATION

Client Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Phone: _____ Home Number: _____

Work Phone: _____ Best Number to Reach You: Primary Home Work

1st Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Male or Female (Spayed/Neutered) Color: _____

Last Seen by Veterinarian/Clinic: _____

Phone Number: _____

2nd Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Male or Female (Spayed/Neutered) Color: _____

Last Seen by Veterinarian/Clinic: _____

Phone Number: _____

How Did You Hear About Us?

Sign _____ Recommendation _____ Name of Person: _____

Thank you for choosing New Light Animal Hospital! Our primary mission is to provide compassionate care, affordable rates and superior comprehensive veterinary care with a family approach. We diligently strive to ensure that the cost of quality veterinary care is as economical and manageable for our clients as possible by offering multiple payment options.

We offer multiple payment options in the form of: Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit.

*****All returned checks will be charged an additional \$35.00*****

*****New Light Animal Hospital requires payment in FULL at the time of checkout.*****

By signing below, you acknowledge and fully understand the New Light Animal Hospital Financial Policy and agree to the New Light Animal Hospital terms of payment.

Signature _____