



# Liberty Pet Hospital

## New Client Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ cell home work

Secondary Phone: \_\_\_\_\_ cell home work

Do you want text? No Yes, If yes please list cell phone provider:(ex: att,verizon) \_\_\_\_\_

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

Spouse/Alternate Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I approve pictures of my pet to be taken and posted on social media.  Yes  No

### Pet Information

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_

Breed \_\_\_\_\_ Male Female Spayed/Neutered? Yes No

Color/Markings \_\_\_\_\_ Microchipped? Yes No

Previous Veterinarian \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_

Breed \_\_\_\_\_ Male Female Spayed/Neutered? Yes No

Color/Markings \_\_\_\_\_ Microchipped? Yes No

Previous Veterinarian \_\_\_\_\_

\*How did you find us? \_\_\_\_\_

### All Payments are due at the time of services rendered.

We accept cash, all major credit cards and Care Credit 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: \_\_\_\_\_

If I cannot make a scheduled appointment I agree to notify Liberty Pet Hospital with as much notice as possible and understand that if I do not call prior to the agreed upon appointment time I will be charged a \$30 Missed Appointment Fee. \_\_\_\_\_ Initials