



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. We are unable to accept post-dated checks. 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