



NEW CLIENT REGISTRATION FORM

Welcome to Veremedy Pet Hospital. Please take a few minutes to fill in the information below, so we may keep our records as accurate as possible.

Date: _____

Client: First Name: _____ Last Name: _____

Spouse/Other: First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Primary phone: _____ Home Work Cell Other

Secondary phone: _____ Home Work Cell Other

Other phone: _____ Home Work Cell Other

E-mail address: _____

Would you like to receive reminders when exams and vaccines are due by **e-mail** or **regular mail** (Please check one)

How did you hear of Veremedy Pet Hospital? If someone referred you, whom may we thank? _____

List your pets:

Name	Species	Breed	Sex	Date of Birth	Color

Name	Species	Breed	Sex	Date of Birth	Color

Name	Species	Breed	Sex	Date of Birth	Color

Name	Species	Breed	Sex	Date of Birth	Color

You may print and bring this form to the office the day of your appointment or attach it to an email and send it back to us at records@veremedy.com.