

NEW PATIENT REGISTRATION

How did you hear about PIPER HERITAGE VETERINARY CLINIC: Website Yellow Pages Our Sign Another Clinic
Current Client- please let us know their name, we would like to thank them: _____

PLEASE TYPE or PRINT LEGIBLY

Your Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

E-mail address _____

Co-owner Name _____

Cell Phone () _____

E-mail address _____

**WE OFFER A VARIETY OF WAYS TO REMIND YOU OF YOUR APPOINTMENTS,
PLEASE CIRCLE THE OPTION(S) THAT YOU WOULD PREFER:**

TEXT MESSAGE @ _____ OR E-MAIL @ _____

OR PHONE NUMBER @ _____

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

PET INFORMATION

PLEASE ATTACH PREVIOUS VACCINE AND MEDICAL HISTORY

Pet's Name _____ Age / DOB _____
Breed _____ Dog / Cat / Other _____ { } Male { } Female
Color _____ { } Male Neutered { } Female Spayed

Pet's Name _____ Age / DOB _____
Breed _____ Dog / Cat / Other _____ { } Male { } Female
Color _____ { } Male Neutered { } Female Spayed

Pet's Name _____ Age / DOB _____
Breed _____ Dog / Cat / Other _____ { } Male { } Female
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All payments are due at the time of service provided.

We accept cash, checks, 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: _____ Date: _____

Thank you for allowing us to care for your pet

* Care Credit - to apply on line: www.carecredit.com
by phone: 1-800-365-8295
please bring your approval paperwork and 2 current forms of ID with you to your first appointment.