

TLC PET HOSPITAL NEW PATIENT REGISTRATION

Your Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone #1 _____
Work Phone _____ Cell Phone #2 _____
Email _____
Driver's Lic.# _____ Soc. Sec.# _____
How did you hear about us? _____

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

Pet's Name _____ Age/DOB _____
Breed Dog / Cat / Other _____ Male Female
 Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed Dog / Cat / Other _____ Male Female
 Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed Dog / Cat / Other _____ Male Female
 Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____
Breed Dog / Cat / Other _____ Male Female
 Male / Neuter Female / Spay

All payments are due at the time of services rendered.

We accept cash, checks, all major credit cards, I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____