



NEW PATIENT REGISTRATION

Your Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

Employer _____ Work phone _____

Spouse Phone _____ Previous Veterinarian _____

*Email _____ How did you hear about us? _____

Preferred contact method for annual reminders: Phone call Text message Email

*Please enroll me as a registered member of the hospital website: Yes No

As a registered member I will be able to:

- Check pets' vaccinations status
- Request appointments/boarding
- Purchase medication/food refills
- Make better decisions about pets' health & well-being
- Discover ways to help your pet live a longer & healthier life
- Inform if pet is lost/deceased
- Notify of address change

*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter: Yes No

Topics of Interest: Dogs Cats Horses Birds Reptiles Rodents Dr/Member Announcements.

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**.

Photo Release:

I grant Prairie Ridge Animal Hospital, its representatives, and employees the right to take photographs of me and/or my pet, and to copyright, use, and publish the photographs in print and/or electronically.

I agree that Prairie Ridge Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and electronic content.

Prairie Ridge Animal Hospital may take photos of me and/or my pet.

Prairie Ridge Animal Hospital may **NOT** take photos of me and/or my pet.



NEW PATIENT REGISTRATION

PET INFORMATION

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

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

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

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

All payments are due at the time of services rendered.

We accept cash, checks, all major credit cards, & 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: _____

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Prairie Ridge Animal Hospital may take photos of me and/or my pet.

Prairie Ridge Animal Hospital may NOT take photos of the animal my pet.