



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

As a registered member I will be able to:

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

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.

****Please turn over to complete form****



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, Visa, MasterCard, Discover, & 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: _____