



New Client Registration Form

Welcome!

"Caring for pets and the people who love them"

Pet Owner

Client Name		Primary #		home or cell
Street Address		Alternate #		home or cell
City	State, Zip		Work #	
Birthdate mm/dd/yy	Drivers' Lic #	State	Exp Date	E-mail
Spouse/Co-Owner Name		Spouse/Co-Owner Phone#		
Birthdate mm/dd/yy	Drivers' Lic #	State	Exp Date	E-mail
Emergency Contact Name		Emergency Contact Phone#		

Patient Information (Include all of your pets)

Name	Species	Breed	D.O.B.	Gender	Spayed or Neutered?	Color

I understand that professional fees are due at the time that services are rendered.
initials (We accept payment by cash, Master Card, Visa, Discover, American Express, and Care Credit).
 We do not accept checks.

Who may we thank for referring you to our hospital?

Individual (Name) _____ Saw the Hospital LN Chamber of Commerce
 Hospital Web Page Facebook Google YELP
 Other _____ Other Internet Auction Prize

Are you interested in having 24/7 online access to your pets' health information? Yes No
 How would you prefer reminders? Mail E-mail and text

At times, we may take photos of your adorable pet for our business website and social media pages.
 Please indicate if we have your permission to do so: Yes No

Signature _____ Date _____



10 Things Our Veterinary Team Should Know About Your Pet

At Marina Hills Animal Hospital we want to give your dog or cat the best care possible in an environment that will encourage your pet to be happy and relaxed, not fearful, anxious or stressed. The more information you can provide in advance about your pet's behavior and likes and dislikes, the more successful the visit will be.

1. When my pet goes to the veterinarian, he's
eager and excited
subdued
reluctant
terrified

2. At the veterinary clinic, my pet doesn't like:
getting weighed
getting on the exam table
having his temperature taken
being handled by veterinary staff

3. My pet does does not mind being around other animals or people in the waiting room.

4. My pet prefers:
females
males
anyone who sweet talks to them &
gives treats

5. What types of treats and toys does your pet love more than anything else?

6. Has your pet been prescribed any medications in the past during a veterinary visit? This includes anti-anxiety or anti-nausea medications.

7. In the car, does your pet ride in a carrier, wear a seatbelt or ride loose?

8. Does your pet enjoy getting into a carrier or is it a struggle?

9. During the car ride, does your pet do any of the following?

Whine
Bark
Pant
Pace
Drool
Tremble
Vomit
Pee or poop

10. Does your pet dislike having his paws, mouth, ears or other body parts examined?

Having this information allows our veterinary team to work with you in advance to ensure that your pet has a comfortable and pleasant experience from the moment they enter our hospital until arriving back home.