



New Client / Owner Registration

Client Information

Primary Contact Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Primary Phone: _____ Secondary Phone: _____

Email : _____

(To receive invoices, records, etc. upon request)

Secondary Contact Name: _____ Include on records (Circle): Yes / No

Secondary Contact Phone: _____

Relationship (Circle): Spouse / Relative / Significant Other / Friend / Other: _____

Reason for visit: _____

How did you hear about us? (Circle) Relative / Friend / Employee / Internet search (google, etc.)
Social media (facebook, etc.) / Drive by sign / Other: _____

Patient Information

Name: _____ Date of Birth: _____ Approximate Age: _____

Species: Canine / Feline / Other: _____ Breed: _____

Sex (Circle): Male / Female Spayed or Neutered (Circle): Yes / No

Patient History

Name of Previous Veterinarian (Doctor or Center) _____

Has pet ever had an allergic reaction following a vaccination (Describe)? _____

Vaccinations: (Vaccine, Date Completed): _____

Last stool specimen check: (Date) _____ (Result) _____

Dogs:

- Last Heartworm Disease Test:
(Date) _____
(Result) _____

Cats:

- Living Environment: (Circle)
Indoor Only / Outdoor Only / Mix
- Tested for Feline Leukemia? (Circle)
Yes / No

Additional Information (e.g., Temperament, etc.): _____

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release, and that a deposit may be required for surgical treatment.

Signature of Client/Owner: _____ Date: _____



North Attleboro Animal Clinic • 375 East Washington St • North Attleboro, MA 02760 • (508) 216-3517 •

OFFICE USE: Reviewed by: ____ Date: ____ / In system by: ____ Date: ____