

WELCOME TO THE PLAINFIELD ANIMAL HOSPITAL
REGISTRATION FORM

NEW CLIENT INFORMATION SHEET

Date: _____

Owner: _____

First Name Last Name
Owner named above is responsible for pet and must be at least 18 years old.

Address: _____

Street

City

State

Zip

Telephone: _____

Home

Business

Cell

Soc. Security: _____ Dri. Lic#: _____ email: _____

Patient's Name (Pet): _____

Species: _____

Breed: _____

Date of Birth: _____

Color: _____

Sex: _____

Spayed or neutered: yes _____ no _____

Why did you choose our hospital?

Yellow Pages _____

Had other pet treated here _____

Good Reputation _____

Price _____

Referred _____ (if so please give name) _____

Convenient Location _____

Internet _____

Why is your pet here today? _____

When was your pet last vaccinated for:

Canine Distemper/Parvo/Corona _____

Canine Cough (Bordetella) _____

Lyme Disease _____

Rabies _____

Feline Distemper _____

Feline Leukemia _____

Please check your method of payment for today's visit:

Cash _____ Check _____ MasterCard _____ Visa _____ American Express _____ Discover _____

Care Credit _____ (ask our receptionist for details/application)