

# GREYLOCK ANIMAL HOSPITAL NEW CLIENT REGISTRATION FORM

**Date of Visit:** \_\_\_\_\_

**Welcome and Thank You** for choosing Greylock Animal Hospital. We pride ourselves in offering high quality and compassionate medical care to our patients. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files.

**Owner's Name** \_\_\_\_\_

**Spouse's/Significant Other's Name** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Home Address** \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City)

(State)

(Zip Code)

**E-MAIL ADDRESS:** \_\_\_\_\_

**Payment Policy:**

Payment is expected in full at time of service. We accept cash, checks, and the following credit cards-VISA, MasterCard, American Express, Discover and Care Credit (if you aren't familiar with care credit, please see a client care representative).

**How do you plan to pay for today's services?** \_\_\_\_\_

**How did you hear about our hospital?**

Phone Book \_\_\_\_\_ Drove By \_\_\_\_\_ Website \_\_\_\_\_

Welcome to the area letter \_\_\_\_\_ Other \_\_\_\_\_

Referral \_\_\_\_\_ Whom May We Thank for Referring You? \_\_\_\_\_

**PLEASE COMPLETE YOUR PET INFORMATION ON THE NEXT PAGE**

**Pet Information:** Please provide information on all of the pets you would like us to enter in your record:

**PET #1**

- NAME
- SPECIES
- BREED
- COLOR
- SEX(SPAYED/NEUTERED)
- MEDICATION ALLERGIES
- VACCINE REACTIONS
- CURRENT MEDICATIONS
- SPECIAL DIET

**PET #2**

- NAME
- SPECIES
- BREED
- COLOR
- SEX(SPAYED/NEUTERED)
- MEDICATION ALLERGIES
- VACCINE REACTIONS
- CURRENT MEDICATIONS
- SPECIAL DIET

**PET #3**

- NAME
- SPECIES
- BREED
- COLOR
- SEX(SPAYED/NEUTERED)
- MEDICATION ALLERGIES
- VACCINE REACTIONS
- CURRENT MEDICATIONS
- SPECIAL DIET

**PET #4**

- NAME
- SPECIES
- BREED
- COLOR
- SEX(SPAYED/NEUTERED)
- MEDICATION ALLERGIES
- VACCINE REACTIONS
- CURRENT MEDICATIONS
- SPECIAL DIET

**Did you bring any medical records with you today?** \_\_\_\_\_

**Do you need us to call your previous care provider to have the records faxed?**

Name and Phone # of Previous Hospital \_\_\_\_\_

**THANK YOU FOR CHOOSING US TO HELP KEEP YOUR PET HEALTHY**