



# New Client Registration Form



Owner's Name \_\_\_\_\_ Spouse / Partner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

eMail \_\_\_\_\_

How did you hear of Dr. Shane's? Previous client Yellow pages Post card Internet  
 From the community Other \_\_\_\_\_ Referred by \_\_\_\_\_

*All fees incurred at Dr. Shane's Veterinary Clinic are to be paid at the time services are rendered.*

Pet #1	Pet #2	Pet #3
Name _____	Name _____	Name _____
Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____
Age ___ D.O.B. _____	Age ___ D.O.B. _____	Age ___ D.O.B. _____
Sex: Male Female Spayed / Neutered	Sex: Male Female Spayed / Neutered	Sex: Male Female Spayed / Neutered
Vaccine Dates: _____	Vaccine Dates: _____	Vaccine Dates: _____
Any Regular Medications? _____	Any Regular Medications? _____	Any Regular Medications? _____
Special Needs / Behaviors? _____	Special Needs / Behaviors? _____	Special Needs / Behaviors? _____
Brand / Type of Food: _____	Brand / Type of Food: _____	Brand / Type of Food: _____
Indoor Only Outdoor Only Both	Indoor Only Outdoor Only Both	Indoor Only Outdoor Only Both