



## NEW CLIENT REGISTRATION FORM

Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Spouse Phone \_\_\_\_\_ Previous Veterinarian \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us?  Friend / Relative (Please Add Name for Referral Credit): \_\_\_\_\_  
 Google / Search Engine  Social Media  Website  
 Sign / Walk-in  Other (Please Specify): \_\_\_\_\_

**\*Please enroll me as a PetDesk user!** PetDesk is the **FREE** mobile app we offer our clients to quickly and easily request appointments, access your pet's medical records and check vaccinations status, receive photos from our team during your pet's boarding or playday stay and more:

**Yes, please send the enrollment link!**

**Cell Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

No, I would not like to use the PetDesk mobile app

\*Please enroll me as a registered member of the hospital website and subscribe me to the **FREE** Pet Living and Wellness Newsletter:  **Yes**  No

As a registered member I will be able to:

Purchase medication/food refills • Make better decisions about pets' health & well-being • Discover ways to help your pet live a longer & healthier life • Inform if pet is lost/deceased • Notify of address change

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

### Photo Release:

*I grant Prairie Ridge Animal Hospital, its representatives, and employees the right to take photographs of my pet, and to copyright, use, and publish the photographs in print and/or electronically.*

*I agree that Prairie Ridge Animal Hospital may use such photographs of my pet with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and electronic content.*

Prairie Ridge Animal Hospital may take photos of my pet.

Prairie Ridge Animal Hospital may **NOT** take photos of my pet.

**\*\*Please turn over to complete form\*\***



PRAIRIE RIDGE  
ANIMAL HOSPITAL

## PET INFORMATION

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Breed \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_ Color \_\_\_\_\_  
Allergies \_\_\_\_\_ Diet \_\_\_\_\_  Male  Female  
 Male / Neuter  Female / Spay

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Breed \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_ Color \_\_\_\_\_  
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Allergies \_\_\_\_\_ Diet \_\_\_\_\_  Male  Female  
 Male / Neuter  Female / Spay

**All payments are due at the time of services rendered.**

We accept cash, Visa, MasterCard, Discover, & Care Credit, which can be approved in as little as 10 minutes.  
I have read and understand the above statements and agree to all terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_