

Welcome to Mason Family Pet Hospital!

NEW CLIENT REGISTRATION

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cell number(s) \_\_\_\_\_

Can we text you at no. above? \_\_\_\_ Home phone number \_\_\_\_\_

Work number(s) & employer name \_\_\_\_\_

email address (for reminders) \_\_\_\_\_

\*Please put a \* next to your preferred daytime/text contact number.

How did you hear about us? Friend/family(name) \_\_\_\_\_

Drive by/sign \_\_\_\_ Advertisement \_\_\_\_ Website \_\_\_\_

Kennel or Groomer \_\_\_\_\_ Referred by: \_\_\_\_\_

Pet Data: (please fill out a section for each pet in your family, even if not being seen today)

Pet #1's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?

\_\_\_\_\_ Does pet go to groomer, daycare, kennel? \_\_\_\_\_

Pet #2's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?

\_\_\_\_\_ Does pet go to groomer, daycare, kennel? \_\_\_\_\_

**Payment Policy (please read and sign)**

We accept cash, personal checks with a valid driver's license and, MC, VISA or Discover. Payment is due at the time services are rendered. Returned checks are turned over to Double Check for collection. Ask and we will gladly give you an estimate for surgeries, treatments, and procedures.

X \_\_\_\_\_

Thank you for choosing Mason Family Pet Hospital to care for your pet.

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NEW CLIENT REGISTRATION, CONT. OWNER LAST NAME \_\_\_\_\_

Pet #3's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_/\_\_\_/\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?  
\_\_\_\_\_ Does pet go to groomer, daycare, boarding? \_\_\_\_\_

Pet #4's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_/\_\_\_/\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?  
\_\_\_\_\_ Does pet go to groomer, daycare, boarding? \_\_\_\_\_

Pet #5's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_/\_\_\_/\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?  
\_\_\_\_\_ Does pet go to groomer, daycare, boarding? \_\_\_\_\_

Pet #6's Name \_\_\_\_\_

Dog or cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Hair length: Sht, Med or Lg Sex: M or F Neutered: Y or N

Approximate date of birth \_\_\_/\_\_\_/\_\_\_

Where obtained? \_\_\_\_\_

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office?  
\_\_\_\_\_ Does pet go to groomer, daycare, boarding? \_\_\_\_\_

Thank you for choosing Mason Family Pet Hospital to care for your pet.