

Dove Creek Animal Hospital

"Making a difference, one paw at a time..." 



Client Registration Form

Please check one: New client Current client

Name: _____
Last First Middle Initial

Spouse/Co-Owner's Name (if any) : _____

Address: _____
Street City, State, Zip

Physical Address (if different than above): _____
Street City, State, Zip

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Spouses Phone # _____ Please circle the best number to reach you: Home Work Cell

E-mail: _____

Place of Employment: _____ Spouse's Place of Employment: _____

Emergency Contact (someone other than you and your spouse/co-owner): _____
Phone number: _____

How did you hear about us? (circle one)

Website Phone Book Internet Search Friend/Family, who can we thank? _____
Radio TV Local Channel 18 Facebook Instagram Other _____

Patient Information

Name: _____ Birth Date/ Years Old: _____

Species: (check one) Cat Dog Other: _____

Breed: _____ Sex: Male Female

Color: _____ Spayed/Neutered? Yes No

Where was your pet last examined? _____ When? _____

Can we contact this hospital for your pet's medical history? _____

Is your pet on heartworm preventative? _____

Any long-term medical problems? _____

Current Medications: _____

*Do we have permission to use a picture of your pet on our social media? (circle one) Yes No

I understand that payment is due at the time of service and that I can pay by cash, check, MasterCard, Visa, Discover Card, American Express or Care Credit. I hereby authorize the doctor to examine, prescribe for, and treat the above pet.

Signature: _____ Date: _____