

## NEW CLIENT REGISTRATION

**How did you hear about PIPER HERITAGE VETERINARY CLINIC:**

Website Social Media Our Sign Another Clinic Current Client- please let us know their name,  
we would like to thank them: \_\_\_\_\_

**PLEASE TYPE or PRINT LEGIBLY**

Your Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Issuing State of Drivers License \_\_\_\_\_ # \_\_\_\_\_  
Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Co-owner Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_

- In appreciation of your service, we now offer a 10% Military Discount when Military ID presented at time of check in.*

## PET INFORMATION

**PLEASE ATTACH PREVIOUS VACCINE AND MEDICAL HISTORY**

Pet's Name _____	Age / DOB _____
Breed _____ Dog / Cat / Other _____	{ } Male { } Female
Color _____	{ } Male Neutered { } Female Spayed
<hr/>	
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Breed _____ Dog / Cat / Other _____	{ } Male { } Female
Color _____	{ } Male Neutered { } Female Spayed
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Breed _____ Dog / Cat / Other _____	{ } Male { } Female
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Do you currently have Pet Health Insurance? No / Yes Name of Carrier: \_\_\_\_\_

**All payments are due at the time of service provided.**

We accept cash, checks, all major credit cards and \*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: \_\_\_\_\_

**"Our mission is to make life better for people and pets."**