



New Client Registration Form

Owner Information - Primary Contact

| | | | | |
|-------|------------|-----------|---------------|-----------------|
| Title | First name | Last name | Primary Phone | Alternate Phone |
|-------|------------|-----------|---------------|-----------------|

Spouse/Other - Secondary Contact

| | | | | |
|-------|------------|-----------|---------------|-----------------|
| Title | First name | Last name | Primary Phone | Alternate Phone |
|-------|------------|-----------|---------------|-----------------|

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

How would you like to receive vaccine reminders? Email Mail I do not want reminders

We love social media! Do we have your permission to share your pet(s)' image, name and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Please check one.

- Yes. I authorize Becker Animal Hospital to share my pet's photo, name and story.
- No. I do not authorize this.

How were you referred? Friend/Neighbor/Client: _____ OR
 Our Sign Our Website Internet Russian Radio Newspaper/Ad Other: _____

Patient Information

| Pet's Name | Cat/Dog /Other | DOB or Age | Sex | Spayed / Neutered | Breed | Color |
|------------|----------------|------------|-----|-------------------|-------|-------|
| | | | | Yes or No | | |
| | | | | Yes or No | | |
| | | | | Yes or No | | |
| | | | | Yes or No | | |