



205 S 20th St Rogers, AR 72758 | Phone (479) 631-7744

New Client Registration

Thank you for giving the Animal Medical Center the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

You may bring it with you at the time of your appointment.

Owner: _____ **Spouse:** _____
LAST FIRST MI LAST FIRST MI

Address: _____
STREET Apt # CITY ST ZIP

Residence Phone: _____ Cell Phone _____ Wk _____

Spouse's Cell: _____ Spouse Work: _____

Email: _____

Place of Employment: _____ Address: _____
Phone Number _____

Spouse's Place of Employment: _____ Address: _____
Phone Number _____

Driver's License #: _____ State: _____ Date of Birth _____

In case of emergency who may we call? _____ Phone # _____

How did you become aware of our hospital?

Internet Yellow Pages/Hospital Sign

Personal Recommendation – Who may we thank? _____

In case of a major medical problem, who makes the final decision about treatment?

All fees are due upon release of the patient. Please Note: We are not set up to do any type of billing. Please indicate your choice of payment: (we accept all major credit cards)

It is our policy to provide you with a written estimate of fees at your request for any case where in hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit may be required prior to treatment depending on the amount of the estimate. We can provide information on applying for Care Credit if you would be interested in a payment plan. Care Credit is a credit card for veterinary services and works like any other credit card.

PET INFORMATION (Please fill in the following for each pet)

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5	Pet 6	Pet 7
Name							
Species (ex: Cat or Dog)							
Breed							
Sex/ Altered	/	/	/	/	/	/	/
Date of Birth/ Age							
Description							
Major Health Problems							
DHLP (Dog)							
Parvovirus (Dog)							
FVRCP (Cat)							
FeLV (Cat)							
Rabies							
Heartworm Test							
Leukemia Test (Cat)							
Last Exam or Fecal Check							
Dentistry							
On Flea Prevention?							
On Heartworm Prevention?							
Indoors or Outdoors?							

Is your pet currently on a special diet or any medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies or other allergies? _____

Is there any additional information you would like to provide? _____

Signature: _____ **Date:** _____