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**WELLSPRING ANIMAL HOSPITAL**

**NEW PATIENT REGISTRATION**

**Your Name: Secondary Name:
Address: Apt #:
City: State: Zip Code:
Home Phone: Cell Phone #1:
Cell Phone #2: Work Phone:
Email:** (Please Note: Your privacy is important to us! Email addresses are only used for client communications and helpful reminders.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pet’s Name | Species (Dog/Cat/Other) | Age orD.O.B. | Breed & Color | Sex | Spayed/Neutered |
|  |  |  |  |  Male  Female |  Yes  No |
|  |  |  |  |  Male  Female |  Yes  No |
|  |  |  |  |  Male  Female |  Yes  No |
|  |  |  |  |  Male  Female |  Yes  No |
|  |  |  |  |  Male  Female |  Yes  No |

**Previous/Current Veterinarian *(for obtaining medical history)*** :

**All payments are due at the time of service rendered.**We accept cash, checks, all major credit cards, and Scratch Pay which can be approved in as little as ten minutes. By signing agree that I have read and understood the above statements and agree to all terms therein.

**Signature:** **Date:**
**How did you hear about our clinic?**

**Do we have your permission to use your pet’s photo for promotional purposes?** (i.e. social media)(please check)
Yes No