

## Metro Animal Hospital

### New Client Registration

Date; \_\_\_\_\_

Your Name: \_\_\_\_\_ Spouse' Name; \_\_\_\_\_

Address:

\_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other person(s) authorized to request medical or account information: \_\_\_\_\_

Were you referred by someone? Yes or NO If yes, name of referring client: \_\_\_\_\_

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#### Pet information

Pet's Name: \_\_\_\_\_ Species: Canine \_\_\_ Feline \_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_ Male/neutered \_\_\_ Female \_\_\_ Female/Spayed \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Allergies: \_\_\_\_\_

Previous medical conditions: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: Canine \_\_\_ Feline \_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_ Male/neutered \_\_\_ Female \_\_\_ Female/Spayed \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Allergies: \_\_\_\_\_

Previous medical conditions: \_\_\_\_\_

\*If more space is needed for more pet's, please add another page.

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#### Financial Policy

Our primary mission at Metro Animal Hospital is to deliver the best and most comprehensive veterinary care available to your pet. An important part of that mission is making the cost of optimal care as easy and manageable as possible offering several payment options.

Payment options include cash, check, CareCredit and credit/debit cards (Visa, Mastercard, Discover or American Express) Payment is due in full at time of services.

**New Patient exams fee will be charged when you are making your pet's first appointment. If you need to reschedule or cancel this appointment, you must call us 48 hours in advance. If you fail to do so, the exam is NON-Refundable.**

There is a \$40 fee charge fir returned checks.

For clients with per insurance, we're happy to provide you with the necessary documentation contained in the medical records to your insurance provider.

Previous health and vaccination records are necessary and will be required 48 hours prior to your pet (pet's) first appointment.

Metro Animal Hospital would like to send you Text messages regarding appointments and notifications. Standard text messaging rates may apply. If you would like to receive Text messages, please JOIN to 36218. You may opt out at any time.

My signature below verifies that I am the owner of the pet(s) listed and agree to the terms in this document.

Owner/Client Name Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Client (Print) \_\_\_\_\_

**Welcome to our Clinic!**

**Our Motto: "Treat every client as though they were family and every pet as if they were our own"**