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New Client Registration

Primary Owner(s): This person(s) has legal ownership and rights to patient.

1. Name _____ Cell Phone (____) _____
Primary Email _____

2. Name _____ Cell Phone (____) _____
Secondary Email _____

Street Address _____ City _____
State _____ Zip _____ Home Phone (____) _____ Work (____) _____

Secondary Owner(s): This person has no legal ownership but may bring patient for care.

Name _____ Relationship _____ Phone (____) _____

What is your preferred method of contact?

Phone Call Texts (SMS) Email ALL

Please share how you first heard about us?

Drive-By/Sign Friends/Family: _____
Internet Print Ad Radio Ad Rescue

Please tell us about your pet(s)

PATIENT: _____

AGE _____ Male / Female Spayed/Neutered? YES / NO

Breed _____ Color _____

PATIENT: _____

AGE _____ Male / Female Spayed/Neutered? YES / NO

Breed _____ Color _____

PATIENT: _____

AGE _____ Male / Female Spayed/Neutered? YES / NO

Breed _____ Color _____

PATIENT: _____

AGE _____ Male / Female Spayed/Neutered? YES / NO

Breed _____ Color _____

How may we obtain your pet's previous records? I brought / emailed / faxed records

No previous records Please contact _____

Payment is due at the time of service. Please select your preferred method of payment.

Cash Check Debit or Credit: Visa / Mastercard / Discover / AmEx Care Credit

Client Signature

Date