



## Client Registration

Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(for hospital use only – we do NOT share your email address)

Alternate Contact Phone \_\_\_\_\_

Co-Owner's Cell Phone \_\_\_\_\_ Co-Owner's email \_\_\_\_\_

How did you hear about us?

Google/Internet Search  Live in Neighborhood  Facebook  Website  Other \_\_\_\_\_

**If you were referred by a friend, please tell us their name so that we may apply a referral credit to their account:**

Do you qualify for a senior discount (65 or over)?  Yes  Not yet

Military?  Yes  No

## Pet Registration

Name of previous veterinary hospital or clinic: \_\_\_\_\_ City/State: \_\_\_\_\_

Visit to an ER? If so, what ER? \_\_\_\_\_

Do you have a pet insurance policy? If so, who is the provider? \_\_\_\_\_

Name	Cat or Dog	Gender	Spayed or Neutered	Breed	Color	D.O.B. or approx. age
		M / F	Y / N			
		M / F	Y / N			
		M / F	Y / N			

Any chronic conditions/ behavior- ie Anxious/ fearful? \_\_\_\_\_

Metropolitan Veterinary Hospital periodically posts pictures of our adorable patients on our social media and website, etc. May we have your permission to post pictures of your pet or pets? YES PLEASE  NO THANKS

**Payment is due at time of service.  
We accept VISA, MASTERCARD, AMEX, DISCOVER, CARE CREDIT AND CASH**

Signature \_\_\_\_\_

Date \_\_\_\_\_