

## Dickinson-McNeill Veterinary Clinic REGISTRATION FORM

(Please Print)

### OWNER'S INFORMATION

<b>Last Name:</b>		<b>First Name:</b>			
<b>Street Address:</b>			<b>P.O. Box/ Apt #:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	<b>Email Address:</b>		
<b>Home Phone No.:</b> (      )	<b>HOW DID YOU HEAR ABOUT US?</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> DROVE BY   <input type="checkbox"/> INTERNET   <input type="checkbox"/> PHONE BOOK   <input type="checkbox"/> VETERINARIAN REFERRAL </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> FRIEND / FAMILY  <i>who?</i> _____  <input type="checkbox"/> LOCAL BUSINESS  <i>who?</i> _____  <input type="checkbox"/> OTHER            _____ </td> </tr> </table>			<input type="checkbox"/> DROVE BY  <input type="checkbox"/> INTERNET  <input type="checkbox"/> PHONE BOOK  <input type="checkbox"/> VETERINARIAN REFERRAL	<input type="checkbox"/> FRIEND / FAMILY <i>who?</i> _____ <input type="checkbox"/> LOCAL BUSINESS <i>who?</i> _____ <input type="checkbox"/> OTHER _____
<input type="checkbox"/> DROVE BY  <input type="checkbox"/> INTERNET  <input type="checkbox"/> PHONE BOOK  <input type="checkbox"/> VETERINARIAN REFERRAL				<input type="checkbox"/> FRIEND / FAMILY <i>who?</i> _____ <input type="checkbox"/> LOCAL BUSINESS <i>who?</i> _____ <input type="checkbox"/> OTHER _____	
<b>Work Phone No.:</b> (      )					
<b>Cell Phone No.:</b> (      )					
<b>Other Phone No.:</b> (      )					

### PET'S INFORMATION

(If you have pet insurance, please give your insurance card/information to the receptionist.)

<b>Pet's Name:</b>	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>Breed:</b>	<b>Date Of Birth (or Age):</b>	<b>Color(s):</b>
<input type="checkbox"/> NEUTERED  <input type="checkbox"/> NOT NEUTERED	<input type="checkbox"/> MICROCHIPPED  <input type="checkbox"/> NOT MICROCHIPPED	<b>Would you like to Microchip your pet today?</b> <input type="checkbox"/> YES! <input type="checkbox"/> NO <input type="checkbox"/> TELL ME MORE ABOUT MICROCHIPPING

### CLINIC POLICIES

PLEASE READ IN FULL AND SIGN BELOW

Dickinson-McNeill Veterinary Clinic has the right to refuse treatment to any animal that is aggressive in nature and cannot be restrained in a safe, normal manner for the animal and persons involved.

Payment is due at time services are rendered. There will be no exceptions. We accept cash, checks and credit cards for your convenience.

By signing below, I verify that I understand and agree to adhere to the policies outlined above.

X

TODAY'S DATE : \_\_\_\_\_