



New Client / Patient Registration

Welcome to Indian Walk Veterinary Center. We are delighted to have the opportunity to care for your family's pets. Please take a moment to fill out this form so that we can set up your pets' records.

Your Name _____ Spouse or Other Responsible Party _____

Street Address _____ Town _____ State _____ Zip _____

Telephone: Home () _____ Your Work () _____ Spouse's Work () _____

Other Ways to Reach You: Fax () _____ Cell Phone () _____ Email _____ @ _____

Please circle the number to be used in case of Emergency.

How did you first hear about us? Yellow Pages Ad Passing By Our Web Site Other Internet Site

Person We May Thank for Referring You: _____ Other Source
Clients receive a \$15 credit for referring others.

Payment is required at time of service. MasterCard _____ Cash _____

Circle your preferred method of payment: VISA _____ Check (Drivers' Lic. # _____ State _____)

Pet's Name: _____ Type of animal: _____

Birth date: _____ Breed: _____ Color: _____

Male Female Spayed/Neutered? Y N Is cat declawed? Y N

Percentage of time pet spends outdoors: _____ Indoors: _____

Pet's normal diet (as specific as possible): Canned _____ Dry _____

Treats _____ "People Food" _____

Previous Veterinary Care: Name of Veterinarian or Hospital: _____

Address: _____

Phone: _____

Has your pet had any serious health problems or surgeries in the past? _____

Does your pet have any current or chronic health problems? _____

Current medications or supplements you are giving your pet: _____

