

MENDAKOTA ANIMAL HOSPITAL REGISTRATION FORM

Your Name: _____ Date of Scheduled Appointment: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Spouse/Significant Other/Co-Owner: _____ Phone: _____

I prefer to receive reminders via: _____ Email and/or Text Message _____ Postcards

How did you select our clinic? (Circle one)	Location/Sign	Internet	Advertisement
Referral from: _____	Already a client		

Payment is required at time of service. Methods of payment accepted: Cash, Personal Check, VISA, Discover or MasterCard.

Pet's Name: _____

Species: Dog Cat

Breed: _____

Color: _____

Intact Male _____ Neutered Male _____

Intact Female _____ Spayed Female _____

Pet Date of Birth: _____

Previous Vet Clinic: _____

Medical Conditions: _____

Current Medications: _____

Photo Release

(Please mark both boxes to give full consent)

_____ I grant Mendakota Animal Hospital representatives and employees, the right to photograph my pet, to copyright, use and publish the same in print and/or electronically. I agree that Mendakota Animal Hospital may use such photographs for any lawful purpose, including, for example, publicity, advertising, social media and web content.

_____ I understand that Mendakota Animal Hospital will not share my personal information such as my first or last name, address or telephone number.

I do not authorize photographs of my pet. _____

Signature: _____

