

**MENDAKOTA ANIMAL HOSPITAL NEW CLIENT REGISTRATION FORM**

**\*\*Please call our clinic at 651-688-9245 to schedule initial appointment before completing this 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? ( <b>Circle one</b> )	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 and Social Media Release:**

*(Please mark a box below)*

\_\_\_\_\_ **I grant Mendakota Animal Hospital the right to photograph my pet.** I agree that Mendakota Animal Hospital may use such photographs for any lawful purpose including publicity, advertising, social media, and web content. I understand my personal information will not be shared.

**I do not authorize photographs of my pet.** \_\_\_\_\_



Signature: \_\_\_\_\_