



2340 Hillsboro Road  
Franklin, TN 37069  
615-794-3838  
www.petvet.vet

## New Client Registration

**WELCOME! We will be happy to answer any questions you may have about you pet's health.  
In order to ensure the best care possible, please take the time to fill in this form completely. Thank you.**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Co-Owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand that payment is expected for all services at the time they are performed, and that I can pay by Cash, Check, Visa, MasterCard, or CareCredit.

I give Pet Vet permission to release any pertinent information about my pet/pets to other veterinary health care providers or those people whom I have entrusted with the care of my pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pet Information on next page**

**Pet # 1**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_

**Pet # 3**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_

**Pet # 5**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_

**Pet # 2**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_

**Pet # 4**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_

**Pet # 6**

Name: \_\_\_\_\_  
Sex:                      Male    Female  
Neutered/Spayed:    Yes    No  
Species:                Dog    Cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Are Vaccines Current? Yes   No   Unsure  
Medical Issues: \_\_\_\_\_  
Name of previous vet: \_\_\_\_\_