

**Tender Care Animal Hospital  
New Client Registration**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Landline      Cell

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

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

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

Driver's License #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Do you give permission to use photos of your pet(s) for Social Media &/or Marketing?  
YES ( ) NO ( )

Who can we say 'Thank You' to for referring you to our hospital? Referred by: \_\_\_\_\_  
( ) Drive By ( ) Internet Search ( ) Other

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

In admitting my pet for diagnostics, treatment, surgery, I authorize the veterinarians and staff of Tender Care Animal Hospital, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further, I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

I, the undersigned owner or agent of the pet(s) certify that I am eighteen (18) years of age or older. I understand that the payment is due at the time services are rendered. A finance charge of the maximum legal rate applied by law per month will be added to past due accounts.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Over Please)

**Pet 1**

Dog       Cat

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered  Female  Spayed

Current Medications:

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**Pet 2**

Dog       Cat

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered  Female  Spayed

Current Medications:

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**Pet 3**

Dog       Cat

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered  Female  Spayed

Current Medications:

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**Pet 4**

Dog       Cat

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered  Female  Spayed

Current Medications:

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