



# The Beacon Veterinary Associates

## New Client Registration Form

### Client Information

Client Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Patient Information

Pet's Name: \_\_\_\_\_  Canine  Feline  Other \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed / Neutered? \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Canine  Feline  Other \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed / Neutered? \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### How did you hear about our hospital?

Passing by     Online     Postcard     Newspaper: \_\_\_\_\_

Friend \_\_\_\_\_  Other: \_\_\_\_\_

### Referral program

The best compliment we at the Beacon Vet can receive is the referral of your friends, family and business associates! When you refer someone to our office, please request that person mention your name to us. As a show of our gratitude, **you will receive a \$10.00 credit** on your account for each referral. Your referral rewards may be applied to services or products in our office. This is our way of saying **thank you** for the trust you show in our office!