

# Registration Form

Please fill out information below and email with your pet's medical records to [fd@pembrokeah.com](mailto:fd@pembrokeah.com)

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

## Client Information:

Owners name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_ Alternate: \_\_\_\_\_

We can provide you with reminders, care notes, and hospital news via email/text. Please provide your email address: \_\_\_\_\_.

Can we communicate by text as well Y\_\_ N\_\_

How did you hear about us:

Friend/family/Who? \_\_\_\_\_

Hospital Sign\_\_\_ Website/Internet\_\_\_ Other: \_\_\_\_\_

## Pet Information:

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

Sex: Male Female Neutered: Y/N Age: \_\_\_\_\_ Dog\_\_\_ Cat\_\_\_ Other\_\_\_\_\_

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

Microchip: Y N Microchip # \_\_\_\_\_

Pet Insurance: Y N Name of Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

We LOVE to "show off" our patients. Would you give permission for your pet to appear on social media and website? \_\_\_\_\_