



HOLDENVILLE VETERINARY CLINIC

NEW CLIENT REGISTRATION FORM

Thank you for entrusting us with the care of your pets and livestock. We strive to provide the highest quality veterinary medical care for the well being of all animals. Please complete the form below and return it to the front desk to finalize registration. Feel free to ask us questions or voice your concerns, we are happy to help.

OWNER INFORMATION

Last Name: _____		First Name: _____	
Address: _____		Apt #: _____	
City: _____		State: _____	Zip: _____
Primary Phone: _____	Secondary Phone: _____	Email: _____	
How do you prefer to be contacted? Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call <input type="checkbox"/>			
May we contact your previous veterinarian to obtain medial records?			
Clinic Name: _____		Phone Number: _____	

PET INFORMATION

Name	Cat	Dog	Other	Age	Sex	Altered	Breed	Color(s)
					M / F	Y / N		
					M / F	Y / N		
					M / F	Y / N		
					M / F	Y / N		
					M / F	Y / N		

LIVESTOCK AND HORSE INFORMATION

Animal Name: _____ DOB or Approx. Age: _____

Species: Bovine Equine Ovine Caprine

Sex: Female Male Male-Castrated

Breed: _____ Color(s): _____

REASON FOR VISIT

Please explain what brings you in today: _____

Previous Patient Medical History: _____

WE ACCEPT

Cash / Visa / Mastercard / Discover / American Express / Care Credit

We DO NOT accept checks or offer payment plans.

I authorize Holdenville Veterinary Clinic to perform procedures deemed necessary and advisable for the health and wellbeing of my pet(s) and/or livestock. I accept responsibility for all fees incurred in the care of my pet and/or livestock at the time services are rendered. In the event that it becomes necessary to refer my account to an outside collection agency, I am aware that all finance charges, collection costs, attorney fees, and other collection costs will be the responsibility of the patient's owner.

Signature: _____ Date: _____

PERMISSION TO USE PHOTOS

We love sharing pictures and videos of our wonderful patients! This includes displaying pictures and videos on our website, Facebook page, and any promotional/educational material. If you do not wish for photos and/or videos of you and/or your pets to be displayed on the above platforms, please initial below.

I wish to **DECLINE** Holdenville Veterinary Clinic the ability to post any pictures and/or videos of me or my pet.

Initial Here: _____