

# STEEPLECHASE VETERINARY HOSPITAL

## New Client and Patient Registration

Owner/Agent: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

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

Co-Owner: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

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

May we send you reminders and other information via email?

yes, via email     no, I prefer regular mail

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Your Pet:  Get Boarded  Groomed  Travel With You

Go To Dog Parks/Dog Training  Contact Other Animals

Pet's Name: \_\_\_\_\_

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

Species:  Dog  Cat

Sex:  Male  Neutered?  Female  Spayed?

Microchip?  yes  No    Pet Insurance?  Yes  No

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

Obtained:  Pet Store  Breeder  Humane Society  Other

When did your pet last receive its vaccines?

Rabies  Dist/Parvo  Kennel Cough

Food: Brand \_\_\_\_\_ Can or Dry? \_\_\_\_\_

# Other Pets in Household? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Names, breeds, Sex, Age, etc. \_\_\_\_\_  
\_\_\_\_\_

Your Pet is:  Indoors Only  Outdoors Only  In & Out

Outdoors Pet is:  Loose  Leashed  Fenced  Other

Has Your Pet Had Any Problems Outside?  No  Yes

If Yes, Explain: \_\_\_\_\_

Is Your Per Aggressive to:  People  Other Dogs/Cats

Is Your Pet:  Anxious/Fearful  Chewing/Destruct

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Please enroll me as a registered member of the Steeplechase Veterinary Hospital website: Yes  No

Please subscribe me to the **FREE** Steeplechase Veterinary Hospital Wellness Newsletter: Yes  No

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I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment. I understand that payment types accepted are cash, debit/credit cards (Visa/Mastercard/American Express/Discover), Chase Health Advance, and pet insurance, but not personal checks.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent Printed Name \_\_\_\_\_