



## New Client Registration Form

Owner's name: \_\_\_\_\_ Name of Additional Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Preferred Method of Contact:

- Home Phone  
 Cell Phone  
 Work Phone  
 Email

How did you find out about our practice? (Check any that apply. If you were referred by a current client, please tell us who, so we can thank them!)

- Referred by: \_\_\_\_\_  
 Location/Sign  
 Facebook  
 Google/Internet Search  
 Internet Review Site (Angie's List, Yelp)

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1) Photo Consent: We love social media! Do we have your permission to share your pet(s) image and/or story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

- Yes. I authorize Red Oak Animal Hospital to share my pet's photo & story.  
 No. I do not authorize this.

2) Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat my pets. I assume responsibility for all charges incurred in the care of my animal(s). I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The Red Oak Animal Hospital Staff is happy to provide treatment plans.

Signature of owner/agent: \_\_\_\_\_

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