



# Village Veterinary Care

*of Merton*

## New Client Registration Form

\*required

### Client Information

\*Owner Name: \_\_\_\_\_  
First Last

\*Phone Number: \_\_\_\_\_ home/ cell/ work (circle one)

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

Co-Owner Name: \_\_\_\_\_  
First Last

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How would you like us to send future appointment reminders?  Phone call  Text  Email

### Pet Information

#### PET 1:

\*Pet Name: \_\_\_\_\_

\*Species: Canine / Feline (circle one)

\*Breed: \_\_\_\_\_

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

\*Sex: M/F? (Circle one) \*Spayed/Neutered? (Circle one)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or Age: \_\_\_\_ Years \_\_\_\_ Months

#### PET 2:

\* Pet Name: \_\_\_\_\_

\*Species: Canine / Feline (circle one)

\*Breed: \_\_\_\_\_

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

\* Sex: M/F? (Circle one) Spayed/Neutered? (Circle one)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or Age: \_\_\_\_ Years \_\_\_\_ Months

#### PET 3:

\*Pet Name: \_\_\_\_\_

\*Species: Canine / Feline (circle one)

\*Breed: \_\_\_\_\_

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

\*Sex: M/F? (Circle one) \*Spayed/Neutered? (Circle one)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or Age: \_\_\_\_ Years \_\_\_\_ Months

#### PET 4:

\* Pet Name: \_\_\_\_\_

\*Species: Canine / Feline (circle one)

\*Breed: \_\_\_\_\_

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

\* Sex: M/F? (Circle one) Spayed/Neutered? (Circle one)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or Age: \_\_\_\_ Years \_\_\_\_ Months

\*I authorize Village Veterinary Care of Merton to use my pet's photos for their medical records, social media, clinic's website, and/or in clinic use.  Medical Records Only.