

New Client Registration Form

Welcome to The Animedec!

The Animedec offers convenient parking in the lot next to our clinic. If your car is currently parked in the lot, please ask the front desk for a parking permit. Thanks!

Pet Parent Information

Owner 1 _____ Owner 2 _____

Phone 1 _____ Phone 2 _____

Email 1 _____ Email 2 _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Pet Information

If you have a digital copy of your pets previous records, please send them to info@theanimedec.com

Name _____

Species: Dog or Cat

Sex: Male or Female

Neutered/Spayed: Yes or No

Breed _____

Date of Birth/Age _____

Color/Markings _____

Is your pet microchipped? Yes or No Microchip # _____

Is your pet covered by insurance? Yes or No

If yes, what is your insurance carrier? _____

Previous Vet _____ Phone _____

Please indicate how you found us (circle one)

Location Internet Search Facebook Advertisement

Personal Recommendation (write in name) _____

Authorization

I hereby authorize the veterinarian(s) at The Animedec Veterinary Clinic to examine, treat, and prescribe for the above described pet(s). I agree to assume responsibility for all charge incurred in the care of this animal. I understand that all charges incurred in the treatment of my pet will be **paid in full at the time of discharge** and that The Animedec Veterinary Clinic does not bill or offer payment plans. I also understand that an estimate of the fees and services may be provided to me at my request, and that I am encouraged to discuss all fees for care before services rendered.

I have read, understand, and agree with the above information.

Signature _____ Date ____ / ____ / ____