

New Client Registration Form



Office Use Only: Account #____

OWNER:					
•	Last		First	M.I.	
Co-Owner:					
Address:					
City:	S	tate:	e: Zip:		
Phone:					
	Home		Work	Cell/Other	
E-mail Address:					
•	(Used for our newsle	etter or vaccination re	minders. Not released to any o	other source)	
Tell us how you heard about us? please specify one					
\square Welcome Letter \square Referral: We would like to thank them!					
☐ Sign Out Front	→ Person's name: Click here to enter text.				
☐ Angels Wish			☐ Yellow pages		
☐ Verona Chamber of Commerce ☐ Web Site or Search Engine					
☐ Welcome Wagon ☐ Other: Click here to enter text.					
How long have you lived here? \Box 0-6 months \Box 6-12months \Box over a year					
Pet Name:	Breed:	Sex:	Birth Date:	Color:	
companion(s). I assum will be paid at the time SIGNATURE OF OW I authorize the future in Yes No Verona Veterinary Merecords document before the sum of the sum	veterinarians of Verona Veter ne responsibility for all charge e of service or release from ca VNER (or agent): * release of vaccination records	of my pet(s) without tion information where considered confidential document	re of my pet(s). I also under it may be required for surgitured a signed Release of Medical be considered non-confidential and require a signed to include, but are not limited.	erstand that all charges ical treatment. ical Records document. ical Records document. dential. All other Release of Medical ed to radiographs or	
but are not limited to, purposes. ☐ Yes ☐	ze Verona Veterinary Medica handouts, pamphlets, or web landouts No (initial) {Plead when photographs are used}	based materials gea use note, no informa	red towards educational, pr	romotional, or marketing	