



# New Patient Registration Form

## CLIENT INFORMATION / INFORMACIÓN PERSONAL

Today's Date/Fecha: \_\_\_\_\_  
Name/Nombre: \_\_\_\_\_  
Spouse/Marido: \_\_\_\_\_  
Street Address/Dirección: \_\_\_\_\_  
City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ Zip Code/Código Postal: \_\_\_\_\_  
Home Phone/Numero de Teléfono: \_\_\_\_\_ Cell Phone/Celular: \_\_\_\_\_  
E-Mail Address/Correo de Internet: \_\_\_\_\_  
Employer/Empleo: \_\_\_\_\_ Phone/Numero de Teléfono: \_\_\_\_\_  
How did you hear about us?/¿Como Nos Encontraste? \_\_\_\_\_

## PET INFORMATION / INFORMACIÓN DE LOS ANIMALES

### Pet #1

Pet's Name/Nombre: \_\_\_\_\_ Date of Birth/Fecha de Nacimiento: \_\_\_\_\_  
Species: Canine/Perro\_\_\_ Feline/Gato\_\_\_ Color/Color: \_\_\_\_\_  
Breed/Clase de Animal: \_\_\_\_\_  
Male/Masculino\_\_\_ Female/Hembra\_\_\_ Neutered/Operado\_\_\_ Spayed/Operada\_\_\_  
Vaccination History/Historia de Vacuna: \_\_\_\_\_

### Pet #2

Pet's Name/Nombre: \_\_\_\_\_ Date of Birth/Fecha de Nacimiento: \_\_\_\_\_  
Species: Canine/Perro\_\_\_ Feline/Gato\_\_\_ Color/Color: \_\_\_\_\_  
Breed/Clase de Animal: \_\_\_\_\_  
Male/Masculino\_\_\_ Female/Hembra\_\_\_ Spayed/Operada\_\_\_ Neutered/Operado\_\_\_  
Vaccination History/Historia de Vacuna: \_\_\_\_\_

**I authorize all Rigsby Veterinary Clinic doctors and staff to treat my pet and understand that any charges incurred must be paid in full at the time of service. I will be charged a \$25 returned check fee and any collection fees necessary for Rigsby Veterinary Clinic to collect money owed to them.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_