

Welcome to Mason Family Pet Hospital!

NEW CLIENT REGISTRATION

Pet Owner's name(s) _____

Address _____

City _____ State ____ Zip _____

Home phone number _____

Work number(s) _____

Cell number(s) _____

**Please put a * next to your preferred daytime contact number.*

Email for receiving vaccine reminders:

How did you hear about us? Friend/family(name) _____

Drive by/sign ____ Advertisement (where?) _____ Website ____

Groomer ____ Facebook ____ Phone book ____

Pet Data: *(fill out a section for each pet in your family, even if not with you today)*

Pet's Name _____

Dog or cat Breed _____ Color _____

Hair length: ____ Sex: M or F Spayed or Neutered: Y or N

Approximate date of birth ____/____/____

Where obtained? _____

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office before? _____

Pet's Name _____

Dog or cat Breed _____ Color _____

Hair length: ____ Sex: M or F Spayed or Neutered: Y or N

Approximate date of birth ____/____/____

Where obtained? _____

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office before? _____

Payment Policy (please read and sign)

We accept cash, personal checks with a valid driver's license #, MC & VISA. Payment is due at the time services are rendered. There is a \$25 fee for returned checks. Please ask and we will gladly give you an estimate for surgeries, treatments, and procedures.

X _____

Thank you for choosing Mason Family Pet Hospital to care for your pet.

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NEW CLIENT REGISTRATION, CONT. OWNER LAST NAME _____

Pet's Name _____

Dog or cat Breed _____ Color _____

Hair length: _____ Sex: M or F Spayed or Neutered: Y or N

Approximate date of birth ____/____/____

Where obtained? _____

To your knowledge has pet ever tried to bite or needed a muzzle at vet's office before? _____

Pet's Name _____

Dog or cat Breed _____ Color _____

Hair length: _____ Sex: M or F Spayed or Neutered: Y or N

Approximate date of birth ____/____/____

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