

New Client Registration Form

# El Abrigado Animal Clinic

900 Country Club Road  
Santa Teresa NM 88008

Date \_\_\_\_\_  
 Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
 Children (first names & ages) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 E- Mail Address \_\_\_\_\_  
 Employer's Name & Address \_\_\_\_\_  
 Work Telephone Number \_\_\_\_\_  
 Spouse's/Other's Employer & Address \_\_\_\_\_  
 Between what hours \_\_\_\_\_ & at what phone number \_\_\_\_\_ is best to call you?  
 In case of an **emergency**, please call \_\_\_\_\_ Telephone Number \_\_\_\_\_

First Pets Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_  
 Dog Breed \_\_\_\_\_  Cat Color \_\_\_\_\_  Other Color \_\_\_\_\_ Sex:  Male  Neutered  Intact  
 Female  Spayed  Intact

Second Pets Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_  
 Dog Breed \_\_\_\_\_  Cat Color \_\_\_\_\_  Other Color \_\_\_\_\_ Sex:  Male  Neutered  Intact  
 Female  Spayed  Intact

Third Pets Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_  
 Dog Breed \_\_\_\_\_  Cat Color \_\_\_\_\_  Other Color \_\_\_\_\_ Sex:  Male  Neutered  Intact  
 Female  Spayed  Intact

Reason for Visit \_\_\_\_\_  
 Previous veterinarian(s) where past records could be obtained if necessary? \_\_\_\_\_  
 Has your pet(s) been treated for any illnesses in the past year?  Yes  No  
 Is your pet(s) currently taking any medications?  Yes  No  
 If so please specify problem(s), medication and dosage, if known: \_\_\_\_\_

How did you first hear of us?  
 Yellow Pages  Exterior Sign  Referral  Internet  
 Individual we may thank for refferal: \_\_\_\_\_

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature \_\_\_\_\_