



New Patient Registration Form

CSR _____

Date: _____

Owner Information

Owner's Name: _____ Spouse/Other: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Spouse/Other Phone Number: _____

Email Address: _____ Spouse/Other Email Address: _____

Owner's Driver's License Number: _____

Pet's Information

Pet's Name: _____ Species (Dog, Cat, etc.): _____ Date of Birth: _____ Male/Female

Breed: _____ Color: _____ Is Your Pet Spayed or Neutered: _____

Please fill out the following information:

How did you hear of your services?

Hospital Sign Community Pages Internet Search Social Media Other: _____

Personal Recommendation (someone we may thank): _____

Reason for choosing A.P.A.W. over other hospitals in the area: _____

Note: We offer a senior citizen, military and UMD student & faculty discount. Please present your valid identification to the front desk to verify eligibility.

It is our standard to send reminders pertinent to your pet's wellness exams, health screenings and immunizations by email. If you do not wish to receive your reminders by email and prefer a mailed post card, please initial here: _____

Would you like to receive text message updates on your pet's medication refills and prescription food refills? Yes No

By completing and signing this form, I, as the responsible party, acknowledge that I have received a full copy of APAW Veterinary Hospital's policy and procedures. I also acknowledge that I have read and fully understand the information provided to me. I also acknowledge that the information that I have provided is accurate.

Signature of Responsible Party: _____ Date: _____