

# NEW PATIENT REGISTRATION

CARSON TAHOE VETERINARY HOSPITAL

LAST NAME		FIRST NAME	
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE #		CELL PHONE #	
WORK PHONE #		ALT. PHONE #	
EMPLOYER			POSITION
*EMAIL			

\*Please Note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our Patient Privacy Policy.

## PET INFORMATION

PETS NAME \_\_\_\_\_ AGE/DATE OF BIRTH \_\_\_\_\_

BREED \_\_\_\_\_ DOG / CAT / OTHER \_\_\_\_\_

SPAYED / NEUTERED / UNALTERED (CIRCLE ONE)

**ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES RENDERED.**

We accept cash, all major credit cards, and Care Credit which can be approved in as little as 15 minutes.

I have read and understand the above statements and agree to all terms therein.

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