

**KINDNESS ANIMAL HOSPITAL**  
**CLIENT AND PATIENT REGISTRATION FORM**

*Welcome to Kindness Animal Hospital! It is our pleasure to meet you and your pet(s).  
We look forward to many years of service, education, and good health for your pet(s).*

**CLIENT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

**HOW DID YOU CHOOSE OUR HOSPITAL?**

- Verizon Yellow Pages (44444)
- Saw our Sign
- Previously a client
- Personal recommendation  
Who may we thank?  
\_\_\_\_\_
- Professional recommendation  
Doctor: \_\_\_\_\_
- American Animal Hospital Association  
recommendation (33333)
- Internet search (55555) Search engine:  
\_\_\_\_\_

**PATIENT INFORMATION:**

Pet Name: \_\_\_\_\_  
Sex: M / F / neutered or spayed  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color/ \_\_\_\_\_  
Markings: \_\_\_\_\_  
DOB/approx. age: \_\_\_\_\_

**PATIENT INFORMATION:**

Pet Name: \_\_\_\_\_  
Sex: M / F / neutered or spayed  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color/ \_\_\_\_\_  
Markings: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Previous Veterinarian:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**(Please bring a copy of vaccine records if possible)**

**We love to show off our patients on our Facebook page. Please check here:  if you do NOT wish your pet's picture to be featured on our page.**

For your convenience, Kindness Animal Hospital accepts multiple types of payment. Please be aware that payment is due at the time of service. Sorry, but we do not offer billing.

Please indicate your preferred method of payment:

- Cash     Check     M/C     Visa     AmEx     Care Credit

*I understand that payment is due at the time that services are rendered and that a deposit will be required upon admission of my pet to the hospital for treatment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_