

**Beaver Dam Veterinary Clinic**  
**1129 Madison St.**  
**Beaver Dam, Wisconsin 53916**  
(920) 887-8476

*Please print this form, complete it and bring it to the hospital at the time of your pet's appointment.*

**New Client / Patient Registration**

Owner's Full Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_

DOG CAT OTHER | MALE FEMALE

Breed of Dog or Cat: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spayed/Neutered: YES NO

Color/Markings: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Medical History (if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand and agree that a finance charge will be applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.75% per month, which is the annual percentage rate of 25%. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees. A \$25 fee will be charged for each returned check.

How did you hear about our Hospital? \_\_\_\_\_

Were you referred by anyone in particular? \_\_\_\_\_

Would you like a referral letter sent to your veterinarian? YES NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_