



www.goosepondvet.com

New Client Registration

Today's Date _____

Owner's Name _____

Spouse / Other _____

Physical Address Street _____

City _____

State _____ Zip _____

Owner's Home Phone _____ Spouse / Other Home Phone _____

Work Phone _____ Cell Phone _____

Cell Phone _____ Can we text you? _____ Work Phone _____

At What Time _____ And At What Phone Number _____ Is It Best To Call About Your Pet

E-mail _____ (Please provide us with your e-mail address for your annual reminders.)

**(If you do not have an e-mail address, or this is not convenient,
please advise the front desk and accommodations will be made.)**

Previous Veterinarian's Name _____ Address _____ Phone # _____

Will you return there? (If yes we can provide them with information of the treatments given here at your request) _____ Yes _____ No

How Did You Find Out About Us? _____ Yellow Pages _____ Drive By _____ Internet, web search used _____

_____ Referred By _____

Employer's Name & Address _____

Spouse / significant Other Name & Address _____

In Case Of **EMERGENCY**, Please Call – Name _____ Phone Number _____

Please Describe Other Animals In Household (Other Than Today's Patient) _____

Payments Accepted: Cash, *Check, Mastercard, Visa, Discover, AMEX, CareCredit & Scratchpay

* When you provide a check as payment you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day you make your payment. A return check fee of \$20.00 will be charged to your account in the event that your check is returned to us.

To Write Checks Now Or In The Future We Require That Two Forms Of Identification Are On File:

Required: Driver's License # _____ State Where Issued _____

Or: State Issued ID # _____ State Where Issued _____

Other _____ Expiration Date _____