



**Adana  
Veterinary  
Clinic**

# New Client Registration Form

Owner: First and last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_ (For communications and Pet Desk app access)

Preferred phone# \_\_\_\_\_ Type of phone: Cell# OR Landline Phone (circle one)

Spouse/partner/Co-owner: First and last name \_\_\_\_\_

Spouse/partner, cell# \_\_\_\_\_ Other contact name/number# \_\_\_\_\_

How did you hear of Adana? Driving by \_\_\_ Web Search \_\_\_ Friend/Family \_\_\_ Word of mouth \_\_\_

Facebook \_\_\_ I know \_\_\_\_\_ at AVC Other or Referred by \_\_\_\_\_

What are your expectations in veterinary care for your pet? \_\_\_\_\_

All fees incurred at Adana Veterinary Clinic are to be paid at the time services are rendered.

I prefer to pay by: Cash \_\_\_ Check \_\_\_ Credit card \_\_\_ (Master/Visa/Discover accepted)

\_\_\_\_ I HAVE READ AND UNDERSTAND THE PAYMENT INFORMATION.

I authorize use of my pet(s) pictures on the Adana website and/or Adana's social media accounts.  
Yes \_\_\_ Decline \_\_\_  
Initial \_\_\_\_\_

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

## Pet #1

Name \_\_\_\_\_

Species/breed \_\_\_\_\_

DOB \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male intact \_\_\_ Male neutered \_\_\_

Female intact \_\_\_ Female spayed \_\_\_

Date of last vet visit \_\_\_\_\_ Doctor/practice \_\_\_\_\_

Any regular medications? \_\_\_\_\_

Special needs/behaviors? \_\_\_\_\_

Time spent indoor \_\_\_\_\_ % Outdoor \_\_\_\_\_ %

## Pet #2

Name \_\_\_\_\_

Species/breed \_\_\_\_\_

DOB \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male intact \_\_\_ Male neutered \_\_\_

Female intact \_\_\_ Female spayed \_\_\_

Date of last vet visit \_\_\_\_\_ Doctor/practice \_\_\_\_\_

Any regular medications? \_\_\_\_\_

Special needs/behaviors? \_\_\_\_\_

Time spent indoor \_\_\_\_\_ % Outdoor \_\_\_\_\_ %