

**Animal Care Center
7 Enterprise Drive
Danville, PA 17821
(570) 275-6064**

**Dr. Campbell
Dr. Lapos
Dr. Graham**

**Dr. Berg
Dr. Wild**

NEW CLIENT REGISTRATION FORM

Have you ever been a client at this hospital? YES _____ Date: ___/___/___ NO: _____

NAME: _____
Last First MI

_____ Home Phone Number Cell Phone Number _____

Address: _____
Street Apt>

_____ City State Zip Code _____

_____ E-Mail _____

_____ Place of Employment Work Phone No. _____

_____ Spouse's Name Cell Phone No. Work Phone No. _____

_____ Emergency Contact Primary Phone No. Work Phone No. _____

PET INFORMATION

Pet's Name: _____ Cat/Dog/Other _____ Breed: _____

Color: _____ Birth Date: ___/___/___ Sex: M / F Spayed/Neutered

Are Vaccines Current? Yes _____ No _____ Date of Last Vaccine: ___/___/___

**FINANCIAL INFORMATION
PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

WE DO NOT BILL

Payment Methods: Cash, Check, MasterCard, Visa, Discover and Debit Card.

I UNDERSTAND AND AGREE TO THE ABOVE

Signature: _____ Date: _____

Pet's

Name: _____ Cat/Dog/Other _____ Breed: _____

Color: _____ Birth Date: ___/___/_____ Sex: M / F Spayed/Neutered

Are Vaccines Current? Yes _____ No _____ Date of Last Vaccine: ___/___/_____

Pet's

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