



NEW CLIENT REGISTRATION FORM

865-986-5450

601 Highway 321 N

Lenoir City, TN 37771

lenoircityanimalclinic.com

Owner Information *(we do not sell or rent your information to others.)*

Name (Primary Contact): _____

Mobile #: _____ Co-Owner Mobile #: _____

Alternate #: _____ Co-Owner Alternate #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Prior Vet Clinic: _____ Prior Vet Clinic #: _____

How did you hear about our clinic?

Website Facebook Google Other: _____

Drove By Referral (whom may we thank?): _____

| PET INFORMATION | PET 1 | PET 2 | PET 3 |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Name | | | |
| Species | | | |
| Breed | | | |
| Color | | | |
| Microchip # | | | |
| Date of Birth/Estimated Age | | | |
| Sex Spayed/Neutered (circle one) | Male Female Spayed Neutered | Male Female Spayed Neutered | Male Female Spayed Neutered |
| Heartworm Prevention | | | |
| Allergies to Vaccines/Medications | | | |
| Previous Surgery/Illness | | | |
| Special Diets? | | | |

Authorization

I authorize this hospital to release my pet's medical information to other veterinary hospitals, groomers, and kennels upon my request. I authorize hospital to release my phone number in the event that my lost animal is recovered by another individual. The hospital may use photos of me and/or my pet with or without my name and for any lawful marketing purpose, including print, publicity, advertising, digital and social media content. I assume responsibility for all charges incurred in the care of my pet(s). All payments are due at the time services are rendered. Please confirm accepted types of payment directly with the hospital.

Signature: _____ Date: _____