



New Client Registration

(Please Print)

Owner _____ DL# _____ State _____

Spouse _____ DL# _____ State _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Employer's Address: _____ Phone: _____

Email Address: _____

How did you hear about us?

Yellow Pages

Sign

Online

Other (Please specify) _____

Referred by: _____

Pet Information

1. Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered? _____ Color: _____

2. Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered? _____ Color: _____

Previous Veterinarian: _____ Phone: _____

I allow Ambassador Animal Hospital to post my pet's picture on its website/Facebook page: (y) (n)

PAYMENT IN FULL IS EXPECTED AT TIME OF SERVICE

Method of Payment: Cash Check Credit Card/Care Credit

Owner/Agent Signature _____

THANK YOU!