

NEW CLIENT/PATIENT REGISTRATION FORM

Rainbow City Pet Clinic
3006 Rainbow Drive
Rainbow City, AL 35906



Phone-256-442-1877
Fax-256-442-5209
www.rbcpetclinic.com

OWNER INFORMATION

Last Name _____	First Name _____
Address _____	Spouse _____
City _____	Social Security # _____
State/Zip _____	Drivers License # _____
Home Phone _____	Work Phone _____
Cell Phone _____	Employer _____
Do you text? _____	Email _____

PET INFORMATION

Pet Name	Sex	Spayed/Neutered	Date of Birth	Species (dog, cat...)	Breed	Color
1)						
2)						
3)						

VACCINATION HISTORY: List Date Given **CATS ONLY** **DOGS ONLY** **ALL PETS**

	Rabies	Leukemia	Distemper	Leuk Test	Rabies	Distemper	Heartworm Test	Fecal	Bordatella
1)									
2)									
3)									

PREVIOUS VETERINARIAN

PET INSURANCE INFORMATION

Name		Company:
Address		Policy No:
Phone		

List any chronic health problems we should be aware of:

How did you hear of our hospital?

	Referred by a friend? Name:		Sign
	Yellow Pages		Internet Search
	Other:		Coupon

We are here when you need us!

If you have an emergency or a sick pet after hours, simply call our hospital number and listen for instructions on how to page the doctor on call.

- ◆ We accept cash, personal, check, Visa , MasterCard and Care Credit.
- ◆ I understand by signing below that I am authorizing treatment for my pet.
- ◆ I understand that payment is required at the time services are provided.

Signature

Date