

NEW PATIENT REGISTRATION FORM

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone #1 _____
Work Phone _____ Cell Phone #2 _____
*E-mail _____

PET INFORMATION

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____ Male Female
 Male/Neutered Female/Spayed

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____ Male Female
 Male/Neutered Female/Spayed

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____ Male Female
 Male/Neutered Female/Spayed

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____ Male Female
 Male/Neutered Female/Spayed

Pet's Name _____ Age/DOB _____
Breed _____ Dog / Cat / Other _____ Male Female
 Male/Neutered Female/Spayed

Please Note: Your privacy is important to us!!
All information received in all forms and through other communications is subject to the terms of
our **Patient/Client Privacy Policy**.

All payments are due at the time services are rendered.

We accept cash, checks, credit cards (Visa, MasterCard, Discover) and Care Credit which can be
approved in as little as 10 minutes.

By signing below, you agree that you have read the above statements and agree with the terms therein.

Signature : _____ Date: _____

You may fax this form to us at (316) 722-1085 or e-mail us at doghouse@bogueanimalhospital.com