



SUNNYSIDE PET HEALTHCARE CENTER

NEW CLIENT REGISTRATION

PLEASE COMPLETE ENTIRE PAGE

Date of First Visit _____

Your Name (owner) _____ Miss Ms. Mrs. Mr. & Mrs. Mr. Dr.

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Best time to call at home? _____ Work Phone _____ OK to call at work? _____

FAX _____ OK to fax information? _____ E-mail address: _____

Co-Owner's Name _____ Relationship _____ Co-Owner's Phone _____

If paying by check today or in the future, for your convenience give us your driver's license information: _____

Previous veterinarian, where we may obtain medical records: _____

How did you FIRST hear about us? Referred by friend or relative Yellow Pages Pet Store (please specify): _____

Driving by, saw sign Website Other (please specify): _____

If you were referred by a friend or relative, whom may we thank? _____

All fees are due at the time services are rendered. There is a fee for any checks returned to this establishment. No Billing.

We pride ourselves in our attention to our clients' wants and needs. We understand that you are the reason we are here; your opinions regarding the qualities and services listed to the right will help us serve you better!

Knowledgeable, Caring & Communication Doctor

Very Important Somewhat Important Doesn't Matter

Polite and Friendly Staff

Very Important Somewhat Important Doesn't Matter

Convenient Location

Very Important Somewhat Important Doesn't Matter

Extended Hours

Very Important Somewhat Important Doesn't Matter

Medical & Surgical Services

Definitely Needed Might Be Needed Will Never Need

Dentistry Services

Definitely Needed Might Be Needed Will Never Need

Boarding Services

Definitely Needed Might Be Needed Will Never Need

Grooming Services

Definitely Needed Might Be Needed Will Never Need

PLEASE LIST ALL PETS IN YOUR HOUSEHOLD

Pet Name	Sex	Species	Breed	Color	Date of Birth	Last Vaccination
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (below) _____				

Thank you for taking the time to complete this registration...we will use this information to continually improve our service.