

Acct #:

Pioneer Veterinary Clinic

827 Sharon Ave Moses Lake, WA
(509) 765-6794

For Office Use Only

New Client Y / N
Updated Info Y / N
Welcome Card Y / N
Receptionist Initials _____

NEW CLIENT REGISTRATION

Today's Date _____

Name _____ Spouse/Co-Owner _____

Physical Address _____ City _____ ST _____ Zip _____

Mailing Address (If different from above) _____

Owner's Cell Phone _____ Spouse's Cell Phone _____

Home/Work _____ Home/Work _____

Place of Employment _____ Spouse (employment) _____

Birth Date (*) _____ ***Must be 18 years or older to register an account**

Email Address _____ (If you would like email reminders/updates)

Please send my pet vaccination reminders to (Pick only **ONE** option) My mailing address _____ My email address _____

Previous Veterinarian _____ Phone # _____

Check here if you would like us to contact your previous veterinarian for medical records.

How did you become aware of our clinic? Drove by Previous Client Yellow Pages Facebook Google

Other _____ Personal Recommendation (Whom shall we thank?) _____

Do we have permission to share your pet's name and photo on our social media, website and/or other marketing materials? Yes _____ No _____ (Please initial)

Visit our website at www.pioneerveterinaryclinic.com and like us on Facebook!

If you wish to authorize anyone else (other than spouse listed) to use your account, please list their name(s) below. PLEASE NOTE- anyone listed in this section will have full access to your pets' records, & will be allowed to purchase items & request any services for your pets. As the primary account holder, you assume financial liability for actions taken by anyone listed as an authorized user. PVC is unable to set varying levels of authority, so if you do not grant FULL access, do not list those persons below.

Name _____ Relationship to you _____ Phone # _____

Name _____ Relationship to you _____ Phone # _____

Name _____ Relationship to you _____ Phone # _____

(For additional space, please use back)

Pet's Name	Species	Breed	DOB	Color	Sex	Spayed/ Neutered
						Yes No
						Yes No
						Yes No

I hereby authorize Pioneer Veterinary Clinic to render surgical and/or medical care for my pet(s). Furthermore, I understand that **payment is due in full at the time services are rendered** and any unpaid balances accrue finance charges of eighteen percent (18%) monthly.

Signature of Owner/Guardian _____ Date _____