

**New Client Registration Form**

**PLEASE PRINT**

**Kiski Valley Animal Clinic, Inc.**

Dr. Mark A. Minton D.V.M.

Dr. Rachel N. Klingensmith D.V.M.

Payment is due at the time of service. We accept cash, cards, and we may accept checks. We **DO** accept Care Credit. Any NSF check will be charged a \$35.00 fee. Outstanding balance will incur 18% interest.

**Cancellation Policy:** Please provide us with a 24-48 hour notice if you are unable to make your appointment(s). If you "NO SHOW" after three appointments, you will be discharged from our services and will not be rescheduled. If you arrive late to your appointment with no forewarning, you may be asked to reschedule.

Date: \_\_\_\_\_

Name Of Owner: First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Spouse/Significant other: First \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

***\*Please include name(s) with numbers\****

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Cell/Other: \_\_\_\_\_

Would you like email reminders? Y or N

Would you like text message reminders? Y or N

Home address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How'd you hear about us?: \_\_\_\_\_ Who referred you? \_\_\_\_\_

**Pet Info:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Dog/ Cat Male/Female Spay/Neutered

Dog/Cat Male/Female Spay/Neutered

Rabies Due: \_\_\_\_\_

Rabies Due: \_\_\_\_\_

Canine/Feline Distemper: \_\_\_\_\_

Canine/Feline Distemper: \_\_\_\_\_