

# TLC PET HOSPITAL NEW PATIENT REGISTRATION

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_  
Email \_\_\_\_\_

Please note: Your privacy is important to us.  
All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

## PET INFORMATION

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Breed Dog / Cat / Other \_\_\_\_\_  Male  Female  
 Male / Neuter  Female / Spay

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Breed Dog / Cat / Other \_\_\_\_\_  Male  Female  
 Male / Neuter  Female / Spay

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**All payments are due at the time of services rendered.**

We accept cash, checks, all major credit cards, I have read and understand the above statements and agree to all terms therein.

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