

Client & Pet Registration

Welcome to our clinic and thank you for choosing Leatherstocking Veterinary Group for your pet's care. Please complete the following information about you and your pet(s).



**LEATHERSTOCKING
VETERINARY GROUP**

About You

Client Name: _____ Spouse Name: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

How were you referred to our office: Website Client Other

About Your Pet(s)

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age/ Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

When and Where were last Vaccines give: _____

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age/ Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

When and Where were last Vaccines give: _____

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age/ Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

When and Where were last Vaccines give: _____

Payment Policy...

Our office does not offer billing. Payment is due on the day of service. We will gladly prepare a written estimate if you desire. Occasionally, a deposit may be required for procedures. We accept the following forms of payment: Cash, personal check, credit/debit, Care Credit.

***Client Initials: _____**

I grant permission for Leatherstocking Veterinary Group to use photos for the purpose of social media posts (Facebook, Instagram, YouTube and other sites). I understand that only the image and first name will be used.

***Signature of Owner or Authorized Caretaker:**