



New Patient Registration Form

VetMed Animal Health, PLLC

105 Industrial Drive, Suite 1

Mount Juliet, TN 37122

Phone: 615-553-4156

Fax: 615-553-4161

www.VetMedAnimalHealth.com

Welcome to our practice! Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to share some important information we will need to support your pet's need today and in the future.

Owner's Name: _____

Home Address: _____

City, State, Zip: _____ County: _____

Home Phone Number: _____ Cellular Phone Number: _____

Employer: _____ Work Phone Number: _____

Employer's Address: _____ Email Address: _____

Driver's License Number/State: _____

Co-owner's Name: _____

Home Address: _____

City, State, Zip: _____ County: _____

Home Phone Number: _____ Cellular Phone Number: _____

Employer: _____ Work Phone Number: _____

Employer's Address: _____ Email Address: _____

Driver's License Number/State: _____

We would appreciate knowing how you heard about us: _____

Would you prefer to be contacted by email or regular mail? _____

List Names of those who have authorization to approve treatment of any kind to the patient named below:

Signature: _____ Date: _____

Patient's Name: _____

Date of Birth: _____

Species: _____

Breed: _____

Sex: _____

Neutered/Spayed? Yes or No

Description/Color: _____

Any known medical conditions or allergies? _____

Date of last vaccinations: _____

Patient's Name: _____

Date of Birth: _____

Species: _____

Breed: _____

Sex: _____

Neutered/Spayed? Yes or No

Description/Color: _____

Any known medical conditions or allergies? _____

Date of last vaccinations: _____

Patient's Name: _____

Date of Birth: _____

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Date of last vaccinations: _____

Patient's Name: _____

Date of Birth: _____

Species: _____

Breed: _____

Sex: _____

Neutered/Spayed? Yes or No

Description/Color: _____

Any known medical conditions or allergies? _____

Date of last vaccinations: _____

Please list the name and address of any veterinary hospital(s) at which your pet(s) is/was a patient:

Your pet is very important to us. If you are transferring services from a previous veterinarian, please contact your previous veterinarian and request your pet's medical records. This will help us to be able to provide the best care for your pet! They can be faxed directly to us at 615-553-4161.

VetMed Animal Health, PLLC requires payment in full at the end of your pet's examination and/or at the time of discharge. We DO NOT bill for any products or services rendered. We will gladly prepare an estimate for you upon your request. By signing below you acknowledge that if you do not pay this account as agreed, the account is subject to costs of collection, attorney fees, including a finance charge of 1.5% per month or 18% per annum. All returned checks have a \$20.00 fee.

Thank you again for choosing VetMed Animal Health, PLLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa[®], MasterCard[®], American Express[®] or Discover Card[®]
- Convenient Monthly Payment Plans from CareCredit[®]
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly - for your entire family - without having to reapply

Additional Policy Information:

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature **Date**

Client/Owner Name (Please Print)

Pet Name **Breed**

Pet Name **Breed**

Pet Name **Breed**

Pet Name **Breed**