

NEW PATIENT REGISTRATION

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Would you like to receive appointment reminders via text message? Yes No

Email Address _____

Driver's License Number _____ State _____
(Your information will be stored in a secure database. This form will be shredded immediately.)

Employer _____ Occupation _____

If we are unable to reach you, is there anyone else authorized to make decisions about your pet?
Yes (Please complete information below.) No

Name _____ Phone Number _____

How did you hear about Cornerstone Veterinary Clinic?

- clinic sign online search phone book
 the friend who referred you _____ other _____

PET INFORMATION

Pet's Name _____ Age/DOB _____

Dog / Cat / Horse _____ Breed: _____ Color: _____

Male Male / Neuter Female Female / Spay

Pet's Name _____ Age/DOB _____

Dog / Cat / Horse _____ Breed: _____ Color: _____

Male Male / Neuter Female Female / Spay

All payments are due at the time that services are rendered. We accept cash, Mastercard, Visa, checks, and Care Credit. I have read and understand the above statements and agree to all terms therein.

I give my permission for Cornerstone Vet Clinic to use my image, my pet's image, and my pet's name on all social media sites and the clinic's website.

I give Cornerstone Vet Clinic the authority to request records for my pet(s) at previously utilized veterinary clinics and/or hospitals.

Signature _____ Date _____