

**North Shore  
Animal Hospital**  
(718) 423-9600

**South Bellmore  
Veterinary Group**  
(516) 783-9100

**NEW CLIENT REGISTRATION FORM**

COMPLETE AND BRING THIS FORM TO YOUR FIRST VISIT AND  
RECEIVE **\$15 OFF** OF YOUR FIRST VISIT

Please print this form, fill it out, and bring it to the hospital at the time of your appointment. This will save you a considerable amount of time when you arrive at the hospital for your appointment.

**===== REGISTRATION AND HISTORY =====**

Owner's Name		Spouse/other	
_____		_____	
Street		Apt.	
_____		_____	
City, State, Zip			
_____			
Email Address			
_____			
Home Phone	Cell Phone	Work Phone	
_____	_____	_____	
How did you learn about our practice:			
<input type="checkbox"/> Yellow Pages			
<input type="checkbox"/> Internet			
<input type="checkbox"/> Word of mouth			
<input type="checkbox"/> Sign			
<input type="checkbox"/> I was referred by _____			

**===== PETS HEALTH HISTORY =====**

Pet's Name \_\_\_\_\_

Species:

- ☐ Dog  
☐ Cat  
☐ Bird  
☐ Rabbit  
☐ Guinea pig  
☐ Hamster  
☐ Other \_\_\_\_\_

Sex:

- ☐ Male    ☐ Neutered?  
☐ Female   ☐ Spayed?

Breed \_\_\_\_\_

Color \_\_\_\_\_

Birthday \_\_\_\_\_

Has your pet been to a veterinarian before? ☐ Yes ☐ No

Does your pet have an ongoing medical condition? ☐ Yes ☐ No

If yes, \_\_\_\_\_

Is your pet currently on medication(s)? ☐ Yes ☐ No

If yes, \_\_\_\_\_

Are there previous records for your pet that we should obtain? ☐ Yes ☐ No

If yes form which doctor or hospital, \_\_\_\_\_

Is your pet due for any vaccinations? ☐ Yes ☐ No

If yes, \_\_\_\_\_

Are there any other pets in your household? ☐ Yes ☐ No

If yes, \_\_\_\_\_

Is your pet: ☐ Indoors only? ☐ Outdoors only? ☐ Both?

Does your pet have any particular health and/or behavior issues about which you would like advice? ☐ Yes ☐ No

If yes, \_\_\_\_\_