

Upper Valley Veterinary Services
Client, patient registration form

(Circle/ Fill In) I have been to UVVS before with: Other pets? This pet? My name is: _____

If you have never been to UVVS, please fill in form below.

If you have been here before, use the form below for any **new or changed information**.

Complete this form and return it to us **at the time you make your appointment** by:

- Email: info@uvveterinaryservices.com
- Fax: 603-448-5703
- Or drop it off at the office: 7 Slayton Hill, Lebanon, NH 603-448-3534
 - (or come in 15 minutes before your appointment with the form)

Name: Last _____
First _____ **Title** _____

Spouse/Partner Last: _____
First _____ **Title** _____

Address: _____

Phone Numbers:
Home: _____
Work: _____
Cell: _____

E-Mail Address: _____

(Your email address will allow you access to your pets records online! Your email address will not be shared outside our office.)

Spouse/ Partner Phone Numbers:
Home: _____
Work: _____
Cell: _____

How did you here about us?

Another Client? (We would like to thank them!)

Yellow Pages?

Internet search?

Animal Clinic of Enfield?

Drove by: Saw Sign?

Other?

Pet #1 Name: _____

Species: Dog Cat

Sex: Male Female

Spayed/ Neutered: Yes No

Breed: _____
(Dog) _____ **(MIX Breed?)**

(Cat) Short-hair Long-hair Purebred? _____

Color: _____

Approximated Birthday: _____

Microchip Number: _____

Lifestyle: (Dog) Woods Fields Yard Sidewalks

(Cat) Indoor Outdoor

Known Allergies: _____

Vaccine History: _____

Medications: Please List Name, strength, dosage below

Pet #2 Name: _____

Species: Dog Cat

Sex: Male Female

Spayed/ Neutered: Yes No

Breed: _____
(Dog) _____ **(MIX Breed?)**

(Cat) Short-hair Long-hair Purebred? _____

Color: _____

Approximate Birthday: _____

Microchip Number: _____

Lifestyle: (Dog) Woods Fields Yard Sidewalks

(Cat) Indoor Outdoor

Known Allergies: _____

Vaccine History: _____

Medications: Please List Name, strength, dosage below

