



LEGACY

VETERINARY HOSPITAL

Client Registration Form

Welcome to Legacy Veterinary Hospital! We're so glad you're here. Please complete the form below.

Your name _____

Address: _____ (Street) _____ (City, State, Zip)

Phone number (primary): _____ (cell or home?) Can you receive text at this number? (Y/N)

Phone number (secondary): _____ (cell or home?) Can you receive text at this number? (Y/N)

Email address: _____

How did you hear about us? Yelp () Google () Social Media () Event () Family/Friend () Other ()

Media Release: I consent to Legacy Veterinary Hospital using photos/videos of my pet for educational and promotional purposes (no personal identifying information will be shared). Yes, I consent No, I do not consent

	Pet #1	Pet #2	Pet #3	Pet #4
Pet's Name				
Birthdate or Age				
Species	Dog / Cat	Dog / Cat	Dog / Cat	Dog / Cat
Breed				
Color				
Sex	Male / Female	Male / Female	Male / Female	Male / Female
Spayed/Neutered (altered)	Yes / No	Yes / No	Yes / No	Yes / No
Microchipped	Yes / No	Yes / No	Yes / No	Yes / No

Ownership, Authorization & Financial Policy and Responsibility

I certify that I am the owner of the pet(s) listed above, or I have been authorized by the owner to seek veterinary care on their behalf. I confirm that I am at least 18 years of age. I understand that payment is due in full at the time services are provided. I agree to be financially responsible for all services, treatments, and products provided for my pet(s) by Legacy Veterinary Hospital, and understand that a deposit will be required for surgical treatment or hospitalization.

Technology Use in Appointments: During appointments, we may use secure AI-assisted technology, which may include audio recording, to help document medical notes accurately. This allows us to stay focused on you and your pet.

Signature: _____ Date: _____

By signing below, I acknowledge that I have read and understand the information provided on this form and agree to the policies outlined above.