



Stone Cottage Veterinary Hospital

New Client Registration Form

Client Information

Client Name(s): _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Patient Information

Pet's Name: _____ Canine Feline Other _____

Sex: _____ Spayed / Neutered? _____ Age: _____

Breed: _____ Color: _____

Pet's Name: _____ Canine Feline Other _____

Sex: _____ Spayed / Neutered? _____ Age: _____

Breed: _____ Color: _____

How did you hear about our hospital?

Passing by Online Postcard Newspaper: _____

Friend _____ Other: _____

Referral program

The best compliment we at Stone Cottage Vet can receive is the referral of your friends, family and business associates! When you refer someone to our office, please request that person mention your name to us. As a show of our gratitude, you will receive a \$10.00 credit on your account for each referral. Your referral rewards may be applied to services or products in our office. This is our way of saying thank you for the trust you show in our office!