



Client ID: _____

Entered By: _____

52 Church Hill Road, Newtown, CT 06470

Phone: 203.270.8387 **Fax:** 203.792.3104

newtownvets.com

CLIENT REGISTRATION FORM

Please fill out this form in its entirety and sign the bottom to consent to medical treatment of your pet.

Owner Information

Owner Name (First & Last): _____

Spouse/Co-Owner Name (First & Last): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Email: _____

Phone Numbers

Primary Name & Number: _____ ☐ Mobile ☐ Home ☐ Other

Alternate Name & Number: _____ ☐ Mobile ☐ Home ☐ Other

Alternate Name & Number: _____ ☐ Mobile ☐ Home ☐ Other

Pet Information

Pet's Name: _____ Is Your Pet Aggressive? _____

Species: ☐ Cat ☐ Dog Breed (if not purebred write "mix"): _____ DOB: _____

Sex: ☐ Male ☐ Female Is your pet spayed/neutered? ☐ Yes ☐ No Color: _____

Name of your pet's regular doctor AND the name of their veterinary practice.

Doctor Name: _____ Practice Name: _____

Pet Information

Do you currently have pet insurance? ☐ Yes ☐ No If Yes, Please name list the provider: _____

If No, Would you like to learn more? ☐ Yes ☐ No

Do you currently have Care Credit? ☐ Yes ☐ No If No, Would you like to learn more? ☐ Yes ☐ No

Payment is ALWAYS due at time of service and a 75% deposit of the HIGH END of the treatment estimate on admitted patients is required at time of admittance. We do not bill or offer payment plans. Please ask us about applying for Care Credit or Scratchpay

I hereby authorize the staff of Newtown Veterinary Specialists to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. Should unexpected and/or life-saving emergency care be required, the staff will make every attempt to contact me or my designated representative before proceeding with treatment. If they are unable to contact me, Newtown Veterinary Specialists has permission to provide such care. I understand that I am financially responsible for all procedures and treatments, and should my pet be admitted to the hospital, I will pay 75% of the high estimate outlined in the Estimate of Charges and provided to me by the veterinarian(s) treating my pet.

I hereby authorize Newtown Veterinary Specialists to utilize AI-generated audio recording during my pet's visits. The recording will only be used for medical record documentation. I affirm that I am at least 18 years old and understand and accept the utilization of audio recording.

Signature of Owner or Authorized Representative: _____ **Date:** _____