

**Biddeford Animal Hospital**  
**556 Elm Street**  
**Biddeford, Maine 04005**  
**(207) 282-6390**

**New Client/Patient Registration**

**Owner Information:**

Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse's Name (if there is one) \_\_\_\_\_

Others over 18 authorized to OK treatment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Drivers License/ ID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ (We like to keep a form of identification on file for the safety of your  
pet in case there is ever a question of ownership in the future.)

Email address:(please print clearly): \_\_\_\_\_  
(You will only receive emails from us. All of our vaccine reminders are via email now.)

We will take a photo of your pet for our records. Do we have your permission to post  
these pictures on Facebook?  Yes  No (If you leave us your email above we will  
email you when your pets picture is being posted).

If this is your first visit, who should we thank for referring you? (Please check one)

Person: \_\_\_\_\_

Face Book

Yellow Pages

Google

Other \_\_\_\_\_

Who have you used previously for a Veterinary Clinic? \_\_\_\_\_

Please Turn Over

**Pet Information #1**

Name: \_\_\_\_\_  
 Species: \_\_\_\_\_ (ie: cat, dog, etc.)  
 Breed: \_\_\_\_\_ (ex: Domestic Short Hair, Pug, etc.)  
 Color: \_\_\_\_\_  
 Birthdate or Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Spayed or Neutered?    Yes        No

**Pet Information #2**

Name: \_\_\_\_\_  
 Species: \_\_\_\_\_ (ie: cat, dog, etc.)  
 Breed: \_\_\_\_\_ (ex: Domestic Short Hair, Pug, etc.)  
 Color: \_\_\_\_\_  
 Birthdate or Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Spayed or Neutered?    Yes        No

**Vaccine / History Information:**

If you have a copy of your pet's previous vet medical records, please give them to us or we can contact your previous vet for you.

**Estimate and Payment Policy:**

**It is our goal to provide you with an estimate of charges if you would like one. Feel free to discuss any fees prior to services rendered, as all charges are due and payable at time of service. We accept cash, credit card, check and Care Credit as a form of payment. Thank You!**

**AGREEMENT**

1. I am at least 18 years of age.
2. If the animal(s) is/are placed for veterinary care, I will be responsible for the payment of a reasonable fee for such service, and for any reasonable fee for the necessary board for the animal(s) following such care.
3. I am the owner of the said animal(s) and have full authority to enter into this agreement and terms thereof.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Owner/Representative