

New Patient Registration Form

 Welcome to Cushing Square Veterinary Clinic!!! 

Client First Name _____ Client Last Name _____

Address: _____

City _____ State _____ Zip _____

Primary Phone _____ Is this a cell phone? YES NO
(please note: we will use your cell phone to text appointment reminders, however, you will have the option to opt out if you choose to do so)

Phone #2 _____ Phone #3 _____

Email address: _____

PET INFORMATION

Pet's Name #1 _____ Date of Birth _____

Breed _____ Color/Description _____

Cat Dog Other : _____

(Please check one) Male Male/Neutered Female Female/Spayed

Pet's Name #2 _____ Date of Birth _____

Breed _____ Color/Description _____

Cat Dog Other : _____

(Please check one) Male Male/Neutered Female Female/Spayed

All payments are due at the time of services

We accept cash, checks, all major credit cards and Care Credit. Please Note: If you fail to cancel an appointment, you will be charged \$40 for a "NO SHOW" fee.

I have read and understand the above statements and agree to all terms therein.

Please email over patients medical history prior to your first visit.

Please email this form to cushingsquarevet@gmail.com. Once you are registered, a member of our team will reach out to schedule your appointment.