

**101 Whitson Avenue** Swannanoa, NC 28778 Phone 828-686-3828 ~ Fax 828-686-7093 www.mybeaconvet.com

| New Client Form                           |                                       |                      |                  |         |               |              |                |                                       |                       |
|-------------------------------------------|---------------------------------------|----------------------|------------------|---------|---------------|--------------|----------------|---------------------------------------|-----------------------|
| Client Name (That's You!) Las             | st:                                   |                      |                  |         | First:        |              |                |                                       |                       |
| Mailing Address:                          |                                       |                      |                  |         |               |              |                |                                       |                       |
| City:                                     |                                       |                      |                  | S       | tate:         |              |                | Zip Code: _                           |                       |
| Physical Address (if different)           | :                                     |                      |                  |         | ····          |              |                | · · · · · · · · · · · · · · · · · · · |                       |
| City:                                     | · · · · · · · · · · · · · · · · · · · |                      |                  | s       | tate:         |              |                | Zip Code: _                           |                       |
| Preferred Contact Number:                 |                                       |                      | _ (circle)       | Cell    | Home          | Work         | Other:         |                                       |                       |
| Secondary Phone Number:                   |                                       |                      | _ (circle)(      | Cell    | Home          | Work         | Other: _       |                                       |                       |
| Preferred Contact Email:                  |                                       |                      |                  |         |               |              |                |                                       |                       |
| (By providing your email address, you     | agree to allow us to co               | ontact you regarding | g your pets' car | e. Plea | ise be advise | ed that we v | vill never sel | l or use your info                    | rmation maliciously.) |
| Spouse/significant Other:                 |                                       |                      |                  |         |               | Cel          | l:             |                                       |                       |
| Previous Veterinary Office:               | ous Veterinary Office: Phone Number:  |                      |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| Patient(s) Information                    |                                       |                      |                  |         |               |              |                |                                       |                       |
|                                           | Pet                                   |                      | Pet #2           |         |               |              | Pet #3         |                                       |                       |
| Pet(s) Name                               |                                       |                      |                  |         |               |              |                |                                       |                       |
| Date of Birth or Approx. Age              |                                       |                      |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| Canine/Feline (Circle) Breed              | Canine                                | Feline               |                  | Canine  | <u>e</u>      | Feline       |                | Canine                                | Feline                |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| Color                                     |                                       |                      |                  |         |               |              |                |                                       |                       |
| Sex                                       | Male                                  | Female               |                  | Male    | e F           | emale        |                | Male                                  | Female                |
| Neutered/Spayed (Circle)                  | Yes                                   | No                   |                  | Yes     |               | No           |                | Yes                                   | No                    |
| Vaccine Status (Circle)  Medical Problems | Current                               | Overdue              |                  | urren   | t C           | Overdue      |                | Current                               | Overdue               |
| Medical Problems                          |                                       |                      |                  |         |               |              |                |                                       |                       |
| Behavior Problems                         |                                       |                      |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| Special Concerns/Requests                 |                                       |                      |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| Pet Insurance Provider                    |                                       |                      |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| How did you hear about u                  | s? (circle)                           | Drive-By In          | ternet Sear      | ch      | Referra       | Oth          | ner:           |                                       |                       |
| Who referred you? We want to              | to personally tha                     | nk them!             |                  |         |               |              |                |                                       |                       |
|                                           |                                       |                      |                  |         |               |              |                |                                       |                       |
| We love social media! Do                  | we have you                           | r permission         | to share y       | our     | pet's im      | age and      | d story o      | n our socia                           | al media and/or       |
| website? Your name and p                  | personal inform                       | nation will ne       | ver be sha       | red;    | we only       | use you      | ır pet's f     | irst name. (                          | circle) YES NO        |
| ·                                         |                                       |                      |                  | •       | •             | •            | -              | ·                                     | ·                     |
| By signing and submitting                 | y this registrati                     | ion, I underst       | tand I am        | respo   | onsible f     | for any o    | charges i      | incurred by                           | my pet while in       |
| the care of the doctor(s) a               | _                                     | -                    |                  | _       |               | _            | _              | =                                     |                       |
| (9)                                       | - 32-                                 | ,                    |                  |         | -             |              |                |                                       |                       |
| Signature:                                | <del></del>                           |                      |                  |         |               |              | Date: _        |                                       |                       |