



Skyview Veterinary Hospital  
1632 Gleneagles Blvd.  
(406) 256-3511 [www.yellowstonevalleyvet.com](http://www.yellowstonevalleyvet.com)  
Todd McLane, DVM



### New Client Registration Information

#### Owner information

Today's date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Dr. Lic #: \_\_\_\_\_  
Senior citizen: Y / N Military: Y / N  
Email address \_\_\_\_\_  
Would you like to be contacted by email Y / N  
Employer's name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Spouse's name: \_\_\_\_\_

How did you hear about us?

- Yellow Pages  
 Radio  
 Direct mail  
 Referring vet: \_\_\_\_\_  
 Exotic Pets  
 Help for Homeless Pets  
 Our Location  
 Internet  
 Word of mouth  
Who can we thank? \_\_\_\_\_

All fees are due when services are rendered. Please indicate your preferred method of payment:  
 Cash  Check  Credit card  Care Credit

#### Pet(s) information

Pet Name: \_\_\_\_\_  
\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of birth and/or age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered? Y/N  
Previous Veterinarian: \_\_\_\_\_  
Last Vaccine date: \_\_\_\_\_  
Pets Current Medications: \_\_\_\_\_  
Brand of Food given: \_\_\_\_\_

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Color: \_\_\_\_\_  
Date of birth and/or age: \_\_\_\_\_  
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Pets Current Medications: \_\_\_\_\_  
Brand of Food given: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above animal(s)  
I assume full responsibility for all charges incurred in the care and treatment of this animal.  
I also understand that these charges will be paid at the time of release.

Signature of owner (responsible party) \_\_\_\_\_

*Thank you for choosing Skyview Veterinary Hospital*