

Hastings Veterinary Clinic

Drs: Filkins, Bahr, Brown, Ruhland
3150 Redwing Blvd
Hastings, MN 55033
651-437-5101

New Client Registration Form

Client Information:

Owner's Name _____
Last First Spouse

Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Spouse's Cell: (____) _____ Other Phone: (____) _____

Email Address for reminders _____ @ _____

I would like to receive vaccine email reminders for my pet and a seasonal newsletter

Employers Name _____ Employers Phone (____) _____

Pet Information

Name: _____, Breed: _____

Date of Birth: _____, Gender: _____ Spayed or Neutered? Yes No

How did you become aware of our clinic? [____] Yellow Pages [____] Friend [____] Website
[____] Individual/Other _____ (Whom may we thank?) _____

Payment Information

Preferred method of payment: Cash [____] Check [____] Credit Card [____]

** I assume responsibility for all charges incurred in the care of my pet.

I also understand that these charges will be paid at the time of release

And deposit may be required for surgical treatment.

Owner's Signature _____ Date: _____