

Hastings Veterinary Clinic

Drs: Filkins, Brown, Cologgi, Rozendaal
3150 Redwing Blvd
Hastings, MN 55033
651-437-5101

New Client Registration Form

Client Information:

Owner's Name _____ 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 Care Credit

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

I also understand that these **charges will be paid at the time of release**, and that a deposit may be required for surgical procedures.

Owner's Signature _____ Date: _____