

# New Client Registration Form

Fulton Animal Hospital  
11845 Route 216  
Fulton, MD 20759  
301-490-7667

Please complete and return this form to us as soon as possible before your appointment so we can obtain any additional medical history and records if needed prior to your appointment. This enables us to provide the highest possible level of care for your pet(s) during their visit.

*Please write as legibly as possible to ensure we have accurate information to contact you in the future.  
Please let our team know if you need assistance filling out any portion of this form.*

## **Owner Information**

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle \_\_\_\_\_

Street Address\* \_\_\_\_\_ Unit # \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

County \_\_\_\_\_

Driver's License # \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone (primary/preferred)\* \_\_\_\_\_

Mobile \_\_\_\_\_

Other \_\_\_\_\_

Secondary owner or emergency contact (if applicable) \_\_\_\_\_

Relationship to you or your pet \_\_\_\_\_

Phone (primary/ preferred) \_\_\_\_\_

All clinic fees are to be paid in full when services are performed.

We accept payment in the form of cash or credit (Visa, MasterCard, Discover, American Express)

\*\*\* We do NOT accept checks or Care Credit \*\*\*

Your signature below states that you acknowledge the above information to be as true and accurate as is possible, that you are legally financially responsible for the patient described above, and that you agree to pay all fees incurred. This agreement is in force indefinitely from this date forward unless you notify the Fulton Animal Hospital in writing to terminate this contract. \*\*This will not negate your financial responsibility for any unpaid balance for products and/or services that were provided prior to your request to terminate this agreement\*\*

X \_\_\_\_\_ Today's date: \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

**Pet Information**

Name \_\_\_\_\_

Species \_\_\_\_\_

Gender \_\_\_\_\_ Are they neutered/ spayed? \_\_\_\_\_

Are they indoor, outdoor, or both? \_\_\_\_\_

Breed \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ or approximate age \_\_\_\_

Color/ Markings \_\_\_\_\_

Microchip number (if applicable) \_\_\_\_\_

Diet/ Brand of food \_\_\_\_\_

Name of heartworm prevention \_\_\_\_\_

Flea and tick prevention \_\_\_\_\_

Please list the name and dosage of any current medications or supplements your pet takes and how often:

Does your pet have any allergies or history of allergic reactions, injuries, or medical conditions that we should be aware of (previous or current)?

What is the name and phone number of their previous vet so we can obtain their medical records?

What is the reason for bringing your pet in today?

Has your pet ever shown any aggression towards other pets or people? This helps us to ensure the safety and well being of our team, patients and clients (including you and your pet).

**Please send the completed form to [info@fultonanimalhospitalmd.com](mailto:info@fultonanimalhospitalmd.com) prior to your appointment. If you are unable to send via email please call us at 301-490-7667.**