

# New Patient Registration

## New Patient Registration Form

Note: Please do NOT fill out this form if you do not have an appointment scheduled with us. Sign up for a patient portal for your pet! Set up an account, book appointments, request refills, and more!

If this is your first visit with us, please fill out the form below. We are also happy to contact your previous veterinarian and request that information prior to your visit. If you are missing any of the needed information at this time, please bring it with you to your visit and we'll make copies for our records. We can't wait to meet you and your pet!

**Contact Name** \*

**First Name**

**Last Name**

**Contact Address**

**Address 1**

**Address 2**

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City

Select a State / Province

State / Province

Zip / Postal Code

Contact Cell Phone Number \*

Contact Home Phone Number

Contact Email Address \*

Co-Owner Name

First Name

Last Name

Co-Owner Phone Number

How were you referred to us? (if an existing client referred you, please include their first and last name so that we can thank them!)

Our policy is that payment for services rendered is due upon receipt. This visit will be paid by:

- Cash
- Discover
- Scratch Pay

- Mastercard
- American Express

- Visa
- CareCredit

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### Patient Information

**Pet Name \***

**Pet Species & Breed \***

**Pet Species**

**Pet Breed**

**Pet Sex \***

**Pet Birthdate \***

**Date**

**Color \***

**Does this pet takes any medication regularly (ie. heartworm prevention, insulin, thyroid, etc.)? If so, what medications?**

Does this pet have on-going medical problems or recurrent medical problems that require periodic medications or treatments? If so, briefly describe the problems? (ie. Allergies, ear infections, etc.)

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Do you have a second pet? \*

- Yes
- No

I understand that payment for services rendered is due upon receipt. Payment options include credit card, debit card, cash, Care Credit, or Scratch Pay. \*

- I understand

I understand that Pet Medical Center requires an annual exam of my pet(s) for continuing health care, including a refill of medications. \*

- I understand

Submit

### Patient Resources

Your First Visit

Patient Forms

Pet Portal Info

Insurance & Payments

FAQs


[Pet Owner Resources](#)

[Health Topics](#)


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 [501 E FM 2410 Rd](#)  
[Harker Heights, TX 76548](#)

 [\(254\) 680-4607](#)

 (254) 690-7017

 [Email Us](#)

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|-------------------|-----------------|--|
| <b>Monday:</b>    | 7:30am - 6:00pm |  PET MEDICAL CENTER |
| <b>Tuesday:</b>   | 7:30am - 6:00pm | Services   |
| <b>Wednesday:</b> | 7:30am - 6:00pm | Advanced Care  |
| <b>Thursday:</b>  | 7:30am - 6:00pm | <a href="#">Patient Resources</a>  |
| <b>Friday:</b>    | 7:30am - 6:00pm | About Us   |
|                   |                 | Contact  |

[Appointments](#)

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