

Welcome to Lake Worth Animal Clinic

New Client Registration

Your name: _____
Address: _____
City: _____ State: _____ Zip : _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____
How did you hear about us: _____
Email: _____

Emails are used to send out our monthly promotions, coupons, and monthly newsletters. Your privacy is important to us; we do not give out or sell any personal information.

New Pet Information

Pet's Name: _____ Circle one: Dog Cat
Age/DOB _____ Breed _____
Circle one: male male/neuter female female/spay

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All payments are due at the time of services rendered.

We accept cash, all major credit cards, and care credit.

I have read and understand that above statements and agree to all terms therein.

Signature: _____ Date: _____